CLINIC PROGRAM AND PROCEDURES MANUAL
FOR
STUDENT SPEECH-LANGUAGE- HEARING CLINICIANS

SPEECH-LANGUAGE-HEARING CLINIC
SPEECH-LANGUAGE-PATHOLOGY AND AUDIOLOGY

HEALTH AND HUMAN PERFORMANCE DEPARTMENT
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FORMS

CLINIC PROGRAM AND PROCEDURES MANUAL

This manual has been prepared to serve as a guide for students enrolled in the Speech-Language Pathology and Audiology, Health and Human Performance Department, at Middle Tennessee State University. Clinic supervisors and student clinicians should become thoroughly familiar with its contents. By working as a diagnostic and therapeutic team in the Clinic, the supervisors and clinicians can jointly meet the challenge of providing quality speech-language and hearing services for individuals with communication disorders.

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PROFESSIONAL GUIDELINES

During all contacts with clients, parents, or others receiving services in the MTSU Clinic, student clinicians are expected to conduct themselves in a professional manner. Each student clinician is expected to be familiar with the Code of Ethics of the American Speech-Language-Hearing Association.

Code of Ethics

Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "The Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association's first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional's role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

Terminology

ASHA Standards and Ethics

The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

advertising

Any form of communication with the public about services, therapies, products, or publications.

conflict of interest

An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

crime

Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the "Disclosure Information" section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished decision-making ability

Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud

Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired practitioner

An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health–related conditions.

individuals

Members and/or certificate holders, including applicants for certification.

informed consent

May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction

The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual's geographic location.

know, known, or knowingly

Having or reflecting knowledge.

may vs. shall

May denotes an allowance for discretion; *shall* denotes no discretion.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence

Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere

No contest.

plagiarism

False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned

A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably

Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report

A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

shall vs. may

Shall denotes no discretion; *may* denotes an allowance for discretion.

support personnel

Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders). For more information, read the Issues in Ethics Statements on Audiology Assistants and/or Speech-Language Pathology Assistants.

telepractice, teletherapy

Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment,

intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, see the telepractice section on the ASHA Practice Portal.

written

Encompasses both electronic and hard-copy writings or communications.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

A. Individuals shall provide all clinical services and scientific activities competently.
B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence but may provide services via telepractice consistent with professional standards and state and federal regulations.
O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.

G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

Index terms: ethics

Reference this material as: American Speech-Language-Hearing Association. (2016). *Code of ethics* [Ethics]. Available from www.asha.org/policy/.

Confidentiality

All information concerning any client being seen at the Clinic is confidential. For compliance with the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191 (HIPPA), it is extremely important to observe the laws which protect the privacy of the client. Cases may only be discussed with supervisors, faculty members, or other persons directly involved with the case. Cases are NOT to be discussed with friends, roommates, or other persons outside the Clinic. Care should be taken when having conversations in the student planning room, offices, restrooms, halls, observation rooms, waiting area, or anywhere in the building since clients and parents may be close by. Conditions which may cause violations of confidentiality are:

1. Conversations with or sending reports to other professionals who have a need to know, but the parents/client have not given permission to share information with other individuals. **Always double-check the release forms.**

2. Promotion and publicity for the Clinic without written permission.

3. Recordings of the client's speech (on videotapes) that are taken out of the Clinic for analysis and might be overheard by roommates or friends.

4. Lesson plans, observation reports, or diagnostic information that might be left in notebooks or on desks where others could read them.

5. Therapy or diagnostic reports that are saved on clinic computers, personal computers, and/or cloud-based storage, such as Dropbox or Google Drive.

6. Conversations with family members that could be overheard. Student clinicians will communicate therapy information in the treatment room. When meeting with family members, clinical supervisors will meet in an empty office or clinical space. Confidential information will not be discussed in the clinic waiting area.

7. Discussions about adult clients (over age 18) with persons other than the client without written consent.

Supervisors and clinicians should inform any observers about the client's privacy rights and about the Clinic's confidentiality policy.

Clinicians will sign the **Confidentiality Policy Statement** each semester of enrollment in Clinic Practicum. Observers as well as MTSU faculty and staff will also be advised about client confidentiality and will be required to sign the statement and the Observation Policies and Procedures (see Form 5).

The Health and Human Performance Department Chair has access to the clinic and patient information. The department Chair will be required to annually sign the Confidentiality Policy Statement as well as the Observation Policies and Procedures.

Clinic folders may be signed out by supervisors and students in the student work room using the **Clinic Folder Check-Out** form. When checked out, the folders must be safeguarded at all times. The folders or contents may **NEVER** be taken outside the Clinic. Folders must be returned promptly. Anyone who checks a folder out will be held responsible for any missing contents (see Form 6). Client folders are stored in a locked cabinet in the student work room (AMG 123). The student work room requires an MTSU ID swipe to access. Only SLPA student clinicians, student observers, faculty, and staff will have ID swipe access to the work room. The locked cabinet containing client folders will be unlocked daily as long as clinic staff are present in the clinic. If the cabinet is locked, student clinicians will have access to a key. They are required to lock the cabinet immediately after use and return the key.

Student clinicians, student observers, and clinical faculty are not allowed to post client information on social media even with parental permission. This may include but is not limited to images, names, identifying information, stories or information about a therapy session, and reports.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

Confidentiality

Board of Ethics

Issues in Ethics Statements: Definition

From time to time, the Board of Ethics determines that members and certificate holders can benefit from additional analysis and instruction concerning a specific issue of ethical conduct. Issues in Ethics statements are intended to heighten sensitivity and increase awareness. They are illustrative of the Code of Ethics and intended to promote thoughtful consideration of ethical issues. They may assist members and certificate holders in engaging in self-guided ethical decision making. These statements do not absolutely prohibit or require specified activity. The facts and circumstances surrounding a matter of concern will determine whether the activity is ethical.

Introduction

Professional persons in health care delivery fields (including those working in the public schools) have legal and ethical responsibilities to safeguard the confidentiality of information regarding the clients in their care. Scholars and those involved in human research have legal and ethical obligations to protect the privacy of persons who agree to participate in clinical studies and other research projects. Children and adults who are legally incompetent have the same right to privacy enjoyed by adults who are competent, though their rights will be mediated by a designated family member or a legal guardian.

There are federal statutes binding on all ASHA members who treat clients or patients, whether they work in health care facilities (where the HIPAA privacy and security rules apply), schools (which operate under the Family Education Rights and Privacy Act, as well as HIPAA), or private practice. There are also stringent federal statutes governing the treatment of human subjects in medical and other forms of scientific research. Individual states also have statutes governing the confidentiality of patient and client information, the protection of data gathered in research, and the privacy of students. It is the responsibility of all members of the speech-language pathology and audiology professions to know these laws and to honor them. Because state laws may vary, professionals moving from one state to another should take special care to familiarize themselves with the legal requirements of the new place of practice or residence. Educational institutions preparing professionals in this field should give significant attention to informing all those entering the field about these legal requirements and should model good practice in their handling of confidential information concerning the students enrolled in their programs. Owners of businesses and managers of facilities should regularly review these legal requirements with the professionals and the staff whom they employ.

Institutions and facilities within which professionals see clients or pursue research may have their own policies concerning safeguarding privacy and maintaining confidential records. It is incumbent on the professionals in such settings to familiarize themselves with such workplace policies and regulations and to perform their work in conformity with these requirements. Owners and managers should make sure that such policies are readily available to their employees. Workplace training is desirable, and periodic reviews are recommended.

The ASHA Code of Ethics (2010) identifies the confidentiality of information pertaining to clients, patients, students, and research subjects as a matter of ethical obligation, not just a matter of legal or workplace requirements. Respect for privacy is implicitly addressed in Principle of Ethics I because to hold paramount the welfare of persons served is to honor and respect their privacy and the confidential nature of the information with which they entrust members of the professions. This broad, general obligation is further specified in both Rules M and N.

Principle I, Rule M: Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed and they shall allow access to these records only when authorized or when required by law.

Principle I, Rule N: Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is

necessary to protect the welfare of the person or of the community or is otherwise required by law.

If there is variation among the different sources of rules on privacy, the professional should follow the most restrictive rule; for example, if the law seems to allow an action that the Code of Ethics seems to prohibit, follow the Code of Ethics. If there is conflict between sources, do what the law requires; for example, if workplace policies conflict on some point with legal requirements for confidential handling of records, the law takes precedence.

Confidentiality Issues in Research

Discussion

Attention to the protection of privacy begins with the planning of a research project, is crucial to the way research on human subjects is conducted, and extends through the review of research results (on both human and animal subjects) for publication and the sharing of data sets. Everyone involved—researchers, human subjects, support personnel, editors, reviewers, and data managers—should be aware of the ethical and legal requirements regarding privacy and should not compromise confidentiality for any reason.

Institutional review boards must be consulted about any research involving human subjects, and informed consent forms must be obtained and honored. Human subjects have a right to expect that their personal information will not be divulged when the results of a study are published or when data sets from a research project are shared with other investigators. Protecting the privacy of research subjects is an obligation for all those who are involved in the research.

Guidance

Data and the personal identities of individual participants in research studies must be kept confidential. There should be careful supervision of staff to make sure that they, too, are adhering to best practices in protecting the confidentiality of all participant data. Some reasonable precautions to protect and respect the confidentiality of participants include

- disseminating research findings without disclosing personal identifying information;
- storing research records securely and limiting access to authorized personnel only;
- removing, disguising, or coding personal identifying information;
- obtaining written informed consent from the participant (or, in the case of a child, the parent or guardian) to disseminate findings that include photographic/video images or audio voice recordings that might reveal personal identifying information.

Because legal requirements in this area are very strict and because institutions monitor research on human subjects very carefully, professionals should seek further guidance directly from the appropriate personnel in their home institutions.

During the peer review of submitted manuscripts, all findings, information, and graphics in the manuscripts must be treated as highly confidential, and reviewers and editors alike have an obligation to protect findings from any form of premature disclosure. In a blind-review process, the identities of the researchers must be protected. In a double-blind review process, the anonymity of authors and reviewers alike must be scrupulously preserved. Editors and reviewers should make no prepublication use of information they learn from submitted manuscripts.

Confidentiality of Client Information

Discussion

Clients must be assured that all aspects of their communication with a speech-language pathologist or audiologist regarding themselves or their family members will be held in the strictest confidence. Clients who cannot trust professionals to treat information as confidential may withhold information that is important to assessment and treatment. When professionals disregard the privacy of their clients, the clients are injured in obvious and/or subtle ways. Evaluations, treatment plans and therapy, discussions with the client or the client's relatives, consultations with the family or with other professionals, treatment records, and payment negotiations should all be treated as confidential. All persons who come into possession of client information are equally bound by this requirement. Therapists, supervisors, assistants, and support staff in schools, facilities, and firms overseeing billing services are all prohibited from revealing client information to unauthorized third parties. ASHA members have a responsibility not only for monitoring their own conversations, securing of records, and sharing of client information, but also for ensuring that supervisees and support staff are adhering to ethical requirements regarding privacy. ASHA members who oversee facilities delivering services should have in place policies and sanctions regarding violations of confidentiality by their employees or by students working under supervision.

Guidance With Respect to Verbal Communication

In the case of a competent adult, no one other than the client herself or himself has the right to authorize the release of information. In the case of a child, only the parent of record or guardian ad litem has this right. It should be noted that there will be cases (e.g., in custody disputes or under custody agreements) in which a biological or adoptive parent has neither the right to know client information nor the right to authorize disclosures. In the case of an incompetent adult, only the designated family member(s) or legal guardian has the right to authorize disclosure. Good practice suggests:

- In all treatment situations, a written form specifying disclosure of information should be provided to, and signed by, the client or client representative at the beginning of treatment.
- Every client record should contain a clear, specific, up-to-date, and easily located statement of who has the right of access to client information and who may authorize the release of such information to other parties.

For any release of information other than that specified in the preliminary privacy agreement or as required by law (e.g., a subpoena), speech-language pathologists and audiologists must obtain a release of information agreement from clients or their designated representatives. This includes obtaining permission to share information with another professional. It is prudent to obtain this permission in writing rather than relying on verbal assent.

In rare cases, courts or administrative bodies with subpoena power may legitimately require the disclosure of confidential information. When a court serves an organization or individual with a subpoena requiring records or other information as evidence in a legal proceeding, typically the professional complies with the request; however, it is often prudent for professionals to seek legal advice in such situations.

Professionals are prohibited from discussing clients in public places—such as elevators, cafeterias, staff lounges, or clinical/business sites— with others, specifically including the practitioner's family members and friends. Practitioners sometimes think that if they do not use the client's name such discussions are acceptable, but this is not true. Any description of, or comment about, a client who is being served constitutes disclosure of confidential information.

The same restrictions that apply to face-to-face conversation also apply to digital and electronic forms of communication with professionals, colleagues, and friends.

Guidance With Respect to Written Records

Written records have a durability and reproducibility distinct from spoken information; there are therefore additional concerns about the protection and handling of paper files or computerized records. These concerns and challenges have become more complex and intense as a result of the digitizing of information. Breaches of confidentiality can occur as a result of the way records are created, stored, or transmitted.

Ordinarily, professionals should not create, update, or store records on their personal electronic devices (e.g., computers and flash drives) or personal online accounts. If a workplace is aware of and allows such off-site handling of records, then privacy safeguards, such as password protection and anonymized client identifications, should be meticulously observed. Records on portable devices should not be opened and read in public places such as coffee shops or on public transportation.

All therapists who practice independently and all businesses should have clear written policies concerning client records. Workplace policies concerning records management should typically address

- record accuracy and content;
- record storage, both electronic and paper;
- ownership of records;
- record access—both with respect to personnel who may read and manipulate the record and with respect to rights of access by clients;
- record review and retention and related statutes of limitation;
- transfer of information, including transfer by electronic means;
- procedures for handling requests for information by someone other than the client or the client's representative;
- use of client records for research;
- destruction of material removed from records.

These policies should be observed without variance. Failure to comply with the requirements designed to protect client records not only puts

client welfare at risk but also makes the practitioner vulnerable to ethics complaints and legal action.

It is particularly important for professionals serving clients in institutions and facilities to be aware of who owns the record. Usually, in a medical setting, the medical facility owns the record. In a private practice, the individual who is legally responsible for the practice owns the record. In a school setting, the school district owns the record. A report prepared by a speech-language pathologist or audiologist in the course of employment in a particular setting is not owned by that speech-language pathologist or audiologist, and he or she may not remove or copy such confidential records while employed, upon termination of employment, or if the practice closes.

It is important for the professional to be aware of what information is necessary and appropriate for inclusion in the client's legal record and to exercise professional judgment in making notations in the client's record.

Appropriate steps must be taken to ensure the confidentiality and protection of electronic and computerized client records and information. All information should be password protected, and only authorized persons should have access to the records and information. Computerized records should be backed up routinely, and there should be plans for protecting computer systems in case of emergencies.

Student Privacy Issues Discussion

There are many academic programs that prepare audiologists and speech-language pathologists for entry into the field of communication sciences and disorders. At all levels of professional education, students and student clinicians have privacy rights that educators must respect. Many of these rights are specifically protected by federal law (FERPA, for example), and there may also be relevant state statutes. But, once again, safeguarding the privacy of information entrusted to a teacher, program administrator, or institution is an ethical and not just a legal obligation. According to Principle of Ethics IV of the Code of Ethics, “Individuals shall honor their responsibilities to the professions and their relationships with colleagues and students.” Professional regard for students and student clinicians involves respecting each student as the arbiter of what personal information may be divulged and to whom it may be divulged.

Guidance With Respect to Students in Classes

Most academic institutions have very specific policies regarding access to, storage of, and release of confidential student academic and disciplinary records. Academic institutions are less likely to have written policies concerning appropriate conversations and communications among educators with respect to their students. Students do, however, have a right to assume that the knowledge that the faculty have of their academic achievements and personal situations will not be widely or carelessly shared. Verbal and electronically mediated discussion of a student's performance should be carefully restricted to those directly responsible for the student's education. Student performance and personal disclosures should not be discussed in public places, such as elevators, hallways, cafeterias, coffee shops, or campus transportation vehicles. Graded student work and records of student achievement must be carefully safeguarded; access to grades in electronic files stored on mobile devices should be password protected if the device is carried outside of the faculty member's campus office. Sensitive personal information that a faculty member may possess should not be shared at all in the absence of a clear and compelling need to know on the part of the person making inquiries.

Guidance With Respect to Student Clinicians

Maintaining the confidentiality of information is a complex challenge in the case of student clinicians. Those who supervise student clinicians must ensure the privacy of client and student clinical records and should model high regard for client privacy and best practices in recording, securing, and storing client records. Supervisors and mentors must treat the performance, records, and evaluations of student clinicians as confidential.

Supervisors of student clinicians must be familiar with the rules for viewing and sharing client information in a teaching setting. For example, a student supervisor's discussion of a patient record for the purposes of education in a university clinic is not a violation of confidentiality, but a student's discussion of the same patient with other students or friends would constitute a violation of confidentiality.

When student clinicians work with clients, persons unrelated to the client may request information about the client's communication problem. Requests might come from an off-site clinic supervisor, Clinical Fellowship mentor, or a professional who supervises student teachers. Patient or client information cannot be disclosed without a signed release.

Confidentiality in Relation to Peers and Colleagues

Discussion

Issues of confidentiality also arise for ASHA members and certificate holders in their relationships with colleagues as a result of information they obtain as they serve in roles such as site visitor, consultant, supervisor, administrator, or reviewer of documents such as manuscripts, grant proposals, and fellowship applications. All of these roles allow access to peer information of a personal and confidential nature. These activities are covered broadly under Principle of Ethics IV, which calls upon ASHA members and certificate holders to honor their obligations to "colleagues" and "members of other professions and disciplines."

Guidance

Information about colleagues and professional peers that is gathered or revealed in the course of evaluations, assessments, or reviews should be treated with the same care and respect that are appropriate to information about clients and research subjects.

When a colleague shares sensitive information or when one participates in committees or other groups that discuss sensitive or controversial matters, participants should clarify in a candid conversation what level of confidentiality is expected and scrupulously maintain the desired level. Records of such conversations should be appropriately secured with agreement as to their storage and disposal.

Matters that may result in disciplinary action by some body, board, or institution deserve special comment. Individuals reporting or responding to alleged violations of codes of ethics or professional codes of conduct are also dealing with confidential matters and acting in a confidential relationship with the adjudicating body. It would be prudent to consider all aspects of a matter confidential until a final decision is rendered. Once a final determination has been reached, it is important for the adjudicating body to clarify what information can now be shared and what information must remain confidential.

Adjudicating bodies themselves typically follow rules of confidentiality (some dictated by law and regulation, some dictated by the organization's internal governance policies and procedures) while the case is under consideration.

With respect to disclosure of decisions by adjudicating bodies, individuals need to inform themselves of pertinent laws and organizational policies. It would not be prudent simply to assume that the outcome can in all cases be made public. Even when the outcome can be made public, it is often the case that earlier filings, testimony, and deliberations must be maintained in confidence.

ASHA members who either place a complaint before the ASHA Board of Ethics or find themselves responding to such a complaint have specific responsibilities to preserve the confidentiality of all materials relevant to the adjudication of complaints. Principle of Ethics IV, Rule N, is specific about this ethical obligation and refers the reader to the policies and procedures of the Board of Ethics for further information.

Clinic Executive Assistant

The Clinic Executive Assistant is an integral part of the MTSU Clinic Program. As such, she carries the responsibility of directing many important program activities. Student clinicians should relate to the Executive Assistant in the same professional manner as they relate to the faculty.

Clinic Therapy Rooms

All therapy rooms may be used for studying, Clinic preparation, meetings, and computer use when they are not scheduled for therapy.

Clinic Dress Code

Student clinicians who are meeting with clients will adhere to the Clinic dress code. Clinicians must be well groomed so that they project a professional image. Clothes must be clean, pressed, smoke-free, and in good repair. **Jewelry should be limited to a single pair of small earrings, wedding bands, and/or a watch. All tattoos should be covered, and body piercings removed to limit distractions.** No perfumes or cologne should be worn. Brushing teeth and using mouthwash before meeting with clients are advised. Student clinicians may be prevented from participating in Clinic if their dress/grooming continues to be inappropriate for Clinic activities after being advised accordingly. Questions concerning dress should be presented to the Clinic Coordinator. **Clinic Uniforms** are royal blue scrubs purchased from the selected company endorsed by the MTSU Speech-Language-Hearing Clinic. Specific instructions are in the course syllabi. Name tags must be worn on the left side during all clinical activities. If sleeves are needed for warmth, students may wear black or white long sleeve shirts under their scrubs. Clean athletic style shoes are acceptable. If a student prefers to wear a scrub skirt, they should purchase the approved scrub pants and have them altered to a skirt. The length of the skirt should fall below the knee.

Off-campus

Students participating in an off-campus practicum or off-campus activity (speech/hearing screenings) must adhere to the clinic dress code unless otherwise notified by their supervisor.

Communication with Professional Agencies

Student clinicians are not to exchange information about clients by visit, phone, or letter with individuals or agencies without permission from their Supervisors. If the clinician believes that additional information is needed, that information should be sent out, or that the client should be referred elsewhere, the Supervisor should be consulted. A draft of any correspondence **must** be approved by the Supervisor. Clinical Supervisors are responsible for any outgoing correspondence.

Therapy Observation Policies (Observers)

All Speech-Language Pathology and Audiology majors are required to complete 10 hours of observation as a prerequisite to participating in Clinic Practicum CDIS 4550. These hours are completed as a course requirement for CDIS 3300 (Clinical Methods in Communication Disorders) in Simucase and the on-campus clinic. The following observation rules will help ensure the smooth functioning of the Clinic and protect the rights of the clients. All observers must be sure to know the rules.

1. All information regarding clients is **confidential.** You must read the Clinic policy on confidentiality and sign the MTSU Confidentiality Statement as well as the Observation Policies and Procedures before beginning your observations.

2. Do not discuss clients or clinicians in the observation areas.

3. Specific starting and ending dates for observations will be posted and enforced by the Clinic Coordinator.

4. Be polite to parents, clients, and clinicians.

5. Always be on time for the session. You will not get full credit after the session has started. You should arrive 10 minutes prior to your assigned observation time.

6. Every day you observe, first sign the book at the reception desk in the Clinic Lobby.

7. **Eating food and drinking beverages are prohibited** in the Clinic or observation areas.

8. **Do not talk in the observation areas**. You can be heard in the therapy rooms.

9. You must adhere to the Clinic dress code during your observation time. You will not be required to purchase scrubs. However, no jeans, shorts, t-shirts, or short skirts will be allowed. You must dress professionally during Clinic times. **If you are not dressed appropriately, you will be asked to leave, and will not receive credit for your observation time.**

10. You will be asked to complete an "Observation Report Form" during your observation. These forms will be explained to you in class (see Form 7 and 7a).

11. You are to observe the entire session.

12. If parents ask questions, refer them to the Supervisor. Be friendly but avoid talking to parents.

13. If you are invited to observe in the therapy room, the clinician may ask you to become involved in the session or to help chart responses of the client. Please do not interrupt with questions. List and ask the clinician your questions after the session is over.

14. The student clinician is to sign your observation form after the client has left. If you have any questions, you may ask them at that time. **Do not ask for a signature until after the clinician has completed her post-therapy conversation with the client or parents**.

15. **Immediately turn in the form after each observation**. Please do not accumulate them to turn in later. Place it in **your** folder in the student workroom, AMG 122.

16. Makeup observations are difficult to schedule; do not miss your observation appointments unless absolutely necessary. Client cancellations will not count against you, however. You will be placed in another observation area when your client is absent. **Ask the Clinic Coordinator where you should go**.

17. You alone are responsible for completing your obligation to this course. If you are available to observe more than 2 sessions per week, it is to your benefit to do so. This can be arranged by the Clinic Coordinator.

Therapy Observation Policies (Clinicians)

When beginning students observe to fulfill their pre-practicum clinic observation requirement, the student clinicians should:

1. Answer observers' questions **AFTER** the session, not before or during the session.
2. Sign the form **AFTER** the session only if the entire session was observed and the observation descriptions were completely written out.
3. **DO NOT SIGN THE FORM** when observers distracted therapy by talking in the observation area.
4. Inform the observers if the session is cancelled.
5. Involve observers in the session or ask them to help count and chart responses if it would be beneficial to the client or helpful to the clinician.
6. Remember that you are setting a professional example for future student clinicians.
7. See the Supervisor or Clinic Coordinator immediately if there are any problems.

Therapy Observation Policies (Other Observers)

If a client's spouse, relative, or friend wishes to observe therapy, approval must be given by the Clinic Coordinator. Parents are encouraged to observe one day weekly after the goals are explained. The permission of adult clients and young clients' parents is gained before other observations are allowed.

Students who wish to observe a session as a requirement for other classes must obtain approval from the Clinic Coordinator. Observers must be familiar with the Clinic observation rules and will be asked to sign the MTSU Confidentiality Agreement (Form 5b). Unofficial visitors are not permitted to observe therapy sessions. Client confidentiality must be understood and respected by all observers.

MTSU Speech-Language-Hearing Clinic Observation Policies and Procedures (All Observers)

For HIPPA privacy and security I agree to:
1. Speak in a low tone.
2. Ensure all notes are kept private and do not contain personal health information.
3. Silence my cell phone.
4. Not take pictures or videos.
5. Only observe my assigned client or family member.
6. Respect the confidentiality of all clients and families in the clinic.

Snacks in Clinic

Student clinicians and observers are not allowed to eat snacks, drink, or chew gum in the Clinic waiting area or in the therapy and observation rooms. Smoking is not allowed on this campus.

Contact with Clients Outside Clinic

It is against Clinic policy for clinicians to date adult clients and to provide childcare including transportation for child clients for whom the clinician is providing treatment. It is not advisable for clinicians to give clients or parents their personal addresses or phone numbers. Clinicians must be cautious about answering questions asked by clients' friends and relatives casually seen outside the Clinic.

Reinforcement During Therapy

The Clinic does not generally use foods for reinforcement. Clinicians must have permission from the Supervisor **and** parent before giving any type of edible, including gum, to clients. On special occasions, with parents' permission, the Clinic provides cookies/surprises for child clients. Token reinforcements, along with praise, are used routinely. Clinicians may also clap or give children a pat for positive reinforcement, but touch should be used with caution. Children should sit in chairs or on the floor for activities, not on clinicians' laps. Clinicians should refrain from touching adult clients but should praise them as encouragement.

Parental Responsibilities

A parent/guardian must accompany child clients to the Clinic and must remain at the Clinic during the child's appointment. When a child asks to go to the restroom, the clinician should take the child to the parent/guardian who will assist the child and then return the child to the therapy room.

CLINIC POLICIES/ PROCEDURES

GENERAL CLINIC POLICIES AND PROCEDURES

Clients Enrolled in Therapy

The majority of clients served in the MTSU Speech-Language-Hearing Clinic are children. The children vary in age, nature of disorder, and intellectual ability and are referred to the Clinic by parents, physicians, educators, or other service-oriented professionals. The initial appointment is usually made by the parents.

The MTSU Speech-Language-Hearing Clinic also provides without charge speech, language, and hearing services for MTSU students. University students may contact the Clinic themselves or may be referred by an instructor, advisor, or other persons at the University.

Adults from Murfreesboro and surrounding areas are also eligible for services provided at the MTSU Clinic. Adult clients are either referred to the Clinic by a medical specialist or voluntarily come to the Clinic for services.

Most clients enrolled in the MTSU Clinic are seen for individual therapy. The number of therapy sessions per week, as well as the length of the sessions, is determined by the needs of the individual client. For the most part, however, therapy sessions are scheduled two times weekly for 60-minute periods.

The number of clients treated each semester is dependent on the number of student clinicians enrolled in the MTSU Clinic Practicum course sections. Clients who cannot be adequately served in the MTSU Clinic are referred to other agencies for diagnostic evaluations or therapy.

Client Absences/Tardiness

Client attendance is recorded on the Attendance Form (see Form 8). Clients should be informed of their responsibility to meet all scheduled sessions promptly and to contact the Clinic when it is necessary to be absent. When clients are absent without notification, the Clinic Executive Assistant will contact them to determine the reason and to ask them to call when absent. **Clinicians are required to wait for late clients for 15 minutes.**

Three absences by a client without informing either the Clinic Executive Assistant or Supervisor may result in cancelling the client's therapy appointments. Such decisions will be made by the Supervisor and the Clinic Coordinator.

When the client notifies the Clinic of absence or tardiness by phone, the Clinic Executive Assistant will give a written message via email to both the student clinician and Supervisor. Please check your email before your scheduled therapy appointment.

Student clinicians will inform scheduled student observers of client cancellations.

The Clinic Executive Assistant will contact all clients scheduled for a speech-language or audiological diagnostic evaluation on the day prior to their appointment.

When student clinicians must miss therapy due to illness, they should contact the Clinic Executive Assistant as soon as possible to cancel the therapy. More than three absences from clinic class and/or a meeting with the clinician's supervisor will lower the semester grade one letter. Failure to attend the first class or meeting is an absence. More than one unexcused absence from clinical practicum will result in an "F." Clinicians are allowed to miss clinical practicum for one professional day (conference attendance or graduate school visitation) before an "F" is issued.

Clinic Materials/Loan of Materials/Reference Sources

Prior to the beginning of your first Clinic (CDIS 4550), you will receive a therapy kit which will provide you with start-up supplies and a name badge. If you deplete the supplies, you are responsible for replenishment. The name badge should be worn during all Clinic related activities, both on and off campus. If your name badge is lost, you are responsible for the replacement cost.

We are fortunate to have a well-supplied Clinic. Student clinicians are requested to help preserve the Clinic materials and equipment since the Clinic functions under a specified budget. All materials used in therapy or class must be replaced in proper kits, boxes, and shelves so that other clinicians can find them and so that the Clinic can remain in order. Failure to do so may result in the loss of access to materials. Each clinician will have a clean-up assignment every semester.

Test manuals and reference books may be checked out after 4:00 PM. Permission to check out any therapy materials or computer software must be obtained through the Clinic Coordinator. All Clinic materials and test items must be returned to their proper places by 8:30 AM the next day. Reference materials may be checked out longer with the permission of the Clinic Coordinator. **Students failing to return materials ON TIME will be prohibited from future privileges.**

Personnel outside the MTSU Clinic must obtain permission from the Clinic Coordinator to borrow tests or other Clinic materials.

Copying Clinic Materials

When student clinicians need copies of materials for use in the Clinic, they should write specific instructions on the designated form and provide a copy of the materials for the student worker to copy (see Form 8a). The form should include the clinician's name, the date the request was submitted, and the clinical Supervisor. Upon completion, the copies will be returned to the copy basket. **There will only be certain times when copies will be made, so plan ahead**. These times will be posted at the beginning of each Clinic term. Clinicians may remove materials to copy on campus with permission of the Clinic Coordinator. A limited number of copies will be available for each clinician each semester. This allotment is not cumulative. These copies are only for Clinic activities.

Computer Use

Speech-Language Pathology and Audiology majors may use the computers located in the Clinic area. Priority for use will be given to academics during certain semesters depending upon course offerings. Additional use should be limited to Clinic and academic responsibilities in Speech-Language Pathology and Audiology. **The use of the Clinic printer (located in AMG 122) is for on-campus Clinic materials ONLY. These include goals and objectives, lesson plans, SOAP notes, activities, data sheets, and homework. Food and/or drink is also not allowed in therapy rooms.**

Off-Campus Practicum

Student clinicians participating in an off-campus practicum must obtain a background check, personal liability insurance, and receive a TB skin test. A drug test may also be required. Students are responsible for the cost of each requirement. A copy of each document should be given to their supervisor and to the Clinic Coordinator.

ID Card Swipe and Key Access Policy

The MTSU Speech-Language-Hearing Clinic is open Mondays-Thursdays from 7:30 AM-4:30 PM and Fridays from 7:30 AM-2:00 PM.

Speech-Language Pathology and Audiology majors may have after-hours access to certain Clinic areas according to the following policy:

PROCEDURES FOR ID CARD SWIPE AND KEY ACCESS

- Student Clinicians have ID swipe access to the AMG (building) as well as rooms 115, 117, 121, and 122:
    - Monday-Thursday 7:00 AM - Midnight
    - Friday 7:00 AM - 5:00 PM

- AMG 115 (main door) may be opened with card swipe starting at 7:00 AM Monday - Friday.
    - Monday – Thursday the doors lock at 6:00 PM and may be opened by card swipe until Midnight.
    - The doors lock at 2:00 PM on Friday and may be opened by card swipe until 5:00 PM.

- A key to unlock rooms AMG 120a, 120b, and 120c is available to all Student Clinicians. See Mrs. Smith or Mrs. Walker for the location.

- Student Clinicians **DO NOT** have access to AMG or any of the clinic rooms from Friday at 5:00 PM until Monday at 7:00 AM. Please plan accordingly.

- **Use of this area after hours is restricted to SLPA majors only. IT IS RECOMMENDED AND STRONGLY ENCOURAGED** that this space be utilized by small groups, as opposed to single individuals, as a security measure.

- Since card swipe access for the AMG building ends at Midnight, all groups should be out of the clinic by that time. If at any time you choose to leave the clinic area, it should be secured.

- **DO NOT LEAVE THE AREA UNLOCKED AT ANY TIME FOR ANY REASON**.

- Under no circumstances should access to the building be compromised. **DO NOT PROP OPEN THE OUTSIDE DOORS.**

- Any SLPA student using the clinic area after hours **must have their MTSU Student ID** available at all times in the event of a security check by Campus Police. In addition, the MTSU Student ID is needed for access to card swipe rooms after hours. **DO NOT LOCK YOURSELF OUT OF THE ROOMS.**

- **NO FOOD OR DRINK IS ALLOWED IN ANY OF THESE ROOMS. You may eat in the kitchenette (AMG 115D).**

Your cooperation with the card swipe and key access policy is greatly appreciated.

Therapy Rooms

Clinic one-hour sessions are 60 minutes long. Sessions may begin on either the hour or half-hour and end as late as 5 minutes prior to the next therapy session. It is important to clear the room on time so that the next clinician can set up.

If someone is in your assigned room and the time is up, please knock on the door and remind them politely of the time.

The clinic will remain open Monday – Thursday until 4:30 PM or until the last session of the day is complete. This allows adequate time for replacing therapy materials. The clinic area will close at 2:00 PM on Friday.

If any equipment is missing or not functioning properly in the therapy room, please report it promptly to the Clinic Executive Assistant. Write down the room number, date, time, what is wrong, and as much as possible about the electronic problem. Similarly, when the speaker systems in the observation areas are not working, write a note to the Executive Assistant, being sure to identify the area by therapy room number. All rooms should have tissues, hand sanitizer, tongue depressors, gloves, dry erase markers, and cleaning supplies. When if items are needed, inform the Executive Assistant. If therapy rooms are found unclean, inform the Clinic Coordinator.

Each clinician is held responsible for leaving the therapy room in order for the next clinician. Supervisors should be informed when a room is left untidy.

Lockers

Lockers were installed in the student work room for student clinicians to use to store their books, etc. during clinic appointments. This prevents cluttering the therapy workspace and protects personal articles from theft. Each semester students should confirm a locker is available and provide the Clinic Executive Assistant with the lock combination.

Announcements and Messages

Student clinicians should check D2L and e-mail **DAILY** for messages and Clinic announcements. Students will not be excused from any information which they failed to obtain.

Clinic Assignments

At the beginning of each semester in the clinic class, students and supervisors will be informed about their client assignments, appointment times, and therapy rooms. Assigned therapy rooms cannot be changed without the permission of the Clinic Coordinator who will inform the Clinic Executive Assistant of the change.

Advanced clinicians who have completed the Diagnostic Procedures course may assist in diagnostic evaluations. Notification of diagnostic assignments will be made by the particular diagnostic Supervisor.

Client/Parent Appointment Confirmation

Following receipt of Clinic assignments, each clinician will be required to contact their client/parent/guardian to confirm their Clinic appointment. This form must be returned to the Clinic Executive Assistant by the specified date to be announced by the Clinic Coordinator each semester (see Form 9).

Daily Cleaning Routine

At the end of each therapy session, student clinicians are required to return the table and chairs to the correct position, return all therapy materials to their appropriate location, and clean all surfaces (table, chairs, doorknobs) using the alcohol/water solution and a paper towel. Clinicians will clean the white board with the provided white board cleaner and a paper towel. If any toys or materials come in contact with a blood born pathogen (saliva or blood), clinicians will place those items in the "Dirty Toys" container in the student workroom for further cleaning. The provided Lysol wipes will be used for "hard to clean" messes and will never be used as hand wipes for the client or clinician.

Student clinicians are also required to clean up after themselves when using the kitchen. If the kitchen is used for a therapy activity, clinicians should clean all surfaces, clean the items used in therapy, and return all supplies/materials.

Semester Cleaning Routine

At the end of each semester, all student clinicians will participate in "clinic clean up." Instructions will be provided for the cleaning of each room and all toys will be disinfected.

End-of-Clinic Routine

At the end of each semester, student clinicians are expected to finalize their Clinic Practicum by checking their clients' files and restoring order to the Clinic facility. This task is easier if all clinicians have followed the Clinic policies throughout the semester. Clinicians use the End-of-Clinic Self-Check form to be sure they have accomplished several necessary tasks. Clinicians must complete and turn in their signed Self-Check form before a Clinic grade will be given (see Form 10).

Monthly Children's Product Recalls

Clinic staff will review the recall lists from: The Consumer Product Safety Commission, the FDA, and the National Highway Traffic Safety Administration and remove items in the clinic accordingly.

CLINICAL MANAGEMENT

CLINICAL MANAGEMENT

Clinical Services/Clinician Training Cycle

The sequence of clinical activities for Clinic Practicum is summarized below:

I. STUDENT ORIENTATION (Provided in CDIS 3300)
- Clinic Manual
- List of tests in categories
- Materials and equipment overview

II. INDIVIDUAL PRE-THERAPY PLAN FORMULATION (See Form 11 and example Form 11a)
- A. Summary of speech-language and hearing diagnostic information, past and present (within last 3 years)
- B. Other programs in which client is or has been enrolled
- C. Summary of most recent semester objectives from MTSU Clinic

III. GOALS AND OBJECTIVES (See Guidelines Form 12 and example Forms 12a and 12b)
Goals and objectives should be posted 2 weeks following the initial day of therapy.

IV. PARENT/CLINICIAN CONFERENCE ABOUT THERAPY GOALS
The Supervisor and student clinician will discuss the semester goals and objectives and explain the purpose of the treatment activities.

V. LESSON PLANS (See Guidelines Form 13 and example Form 13a)
- A. Semester objectives which are current focus
- B. Session objectives
- C. Procedure Plan/Therapy materials
- D. Therapy results/Observations
- E. Outside assignments
- F. Self-Evaluation

Students submit lesson plan to supervisor with A, B, C, and E completed before therapy. After therapy, progress notes (D) and self-evaluation (F) are added, and the treatment plan resubmitted to supervisor.

VI. POST-THERAPY DIAGNOSTIC ASSESSMENT
Readministration of pre-therapy assessments and/or probing for goal criterion levels.

VII. SPEECH-LANGUAGE THERAPY SUMMARY REPORT OUTLINE (See Guidelines Form 14, Instructions Form 14a, and example Form 14b)
- A. Background information
- B. Diagnostics completed this term
- C. Long term goals
- D. Semester objectives and progress
- E. Behavioral Observations
- F. Recommendation

VIII. POST-THERAPY PARENT CONFERENCE
The Supervisor and student clinician will discuss therapy progress and recommendations. (Level of student participation at the discretion of the Supervisor)

IX. FEEDBACK FROM SUPERVISOR TO STUDENT CLINICIAN
- A. Provided during the term in both written and verbal forms

B. Final supervisory conference to review and appraise student performance in the term

(Adapted by K. Garrard and M. Hancock from **Client management and professional development: A student training cycle** by E. Lemmer and M. Drake.)

Conferences with Clinic Supervisors

On notification of a Clinic assignment, an initial planning conference will be scheduled with the Supervisor.

Prior to that conference, the student clinician must become familiar with the client's clinic records. A Pre-Therapy Plan form should be completed. This form summarizes previous tests, therapy, programs, and evaluations still needed (see Form 11). During the first two weeks of therapy, the clinician should draft the long-term goals and semester objectives for each goal (see Form 12 and examples). The Supervisor will provide input for any necessary changes of the goals, and a listing of the goals/objectives is typed for approval by the client or parent.

During the Clinic period, either the Supervisor or student clinician may schedule additional conferences or reassess therapy goals, evaluate the client's progress, or discuss the student clinician's skills. Students should ask their Supervisor about the procedure for scheduling appointments for supervisor-student conferences. Students should check their emails DAILY for appointments.

Lesson Plans

At the beginning of each Clinic semester, student clinicians will assemble a Clinic folder, “Blue Notebook,” for each client in OneDrive. The OneDrive folder should contain the following files: Pre-Therapy Plan, Goals/Objectives, Attendance, End-of-Clinic Self-Check, and Lesson Plans for each client. By the day and time set by their supervisor, clinicians will have their weekly lesson plans and SOAP notes completed in the correct OneDrive files. (see Form 13 and example). The lesson plan file should also include materials, activities, and/or any supporting documents. All lesson plans must be approved by the Supervisors prior to therapy. Each Supervisor will designate the time and day lesson plans are due and when feedback will be completed.

Lesson plan feedback will be completed prior to therapy appointments. Student clinicians are responsible for implementing any changes or corrections in their lesson plans in the immediate therapy session. Therefore, it is necessary to review the Supervisor's comments **PRIOR** to therapy. Student clinicians may not meet with clients without an approved lesson plan. Failure to respond to the Supervisor's comments on the Lesson Plan form will lower the Clinic grade.

Therapy Results

Student clinicians must record the results of each therapy session on the Therapy Results portion of the Lesson Plan form or in a SOAP note. Results should be reported in a specific manner directly next to each activity procedure or following the SOAP note format. The lesson plan with results added or the SOAP note document must be submitted to the Supervisor at the end of the therapy week, along with the new lesson plan for the following week.

Self-Evaluation

After each therapy session, student clinicians also evaluate their own behaviors, skills, and progress in relation to their management of that session.

Home Assignments

Home assignments are a part of the Lesson Plan (when appropriate) and must also be submitted to the Supervisor for approval each week. Summarize the homework on the Lesson Plan form and include supporting documents in the lesson plan file. Clients should have a homework folder to use for practice materials and activities.

Therapy Reports

At the end of each Clinic term, the student clinician will turn in a Therapy Summary Report (see Form 14 and example). The Clinic Coordinator will designate the date for submitting report drafts to the Supervisors as well as a list of specific guidelines. Proofread your report several times before turning it in! The Supervisor will return the draft with corrections, after which the clinician submits the corrected report to the Supervisor. The final approved report, and the grade sheet should be turned in to the Clinic Executive Assistant on the date referenced on your Course Outline. Check with your Supervisor and clarify any questions about the therapy report prior to writing the draft and making final corrections.

Diagnostic Evaluations/Reports

During the Clinic term, additional tests and observations may be necessary to evaluate further a client's problem. All evaluations should be performed with direct supervision. All test forms and a summary of the results should be placed in the client's folder. When tests are administered during the therapy term, the test results are reported in the Therapy Report (see Form 14b example).

When student clinicians perform a diagnostic evaluation for a client not enrolled in ongoing therapy, they must submit a draft of the diagnostic report to the Supervisor within **ONE WEEK** after the diagnostic evaluation. The Clinic Executive Assistant types the final diagnostic report and sends a copy to the parents and appropriate agencies. Student clinicians do not discuss or send out diagnostic information.

NO DIAGNOSTIC INFORMATION MAY BE TAKEN OUT OF THE CLINIC!

Hearing Screenings

During each Clinic term, when possible, the student clinician should administer a hearing screening test to their clients. A copy of the Hearing Screening form should be placed in the client's file (see Form 15). Very young children, or hard-to-test clients, should be tested by the audiologist. The appointment must be approved by the Supervisor and then scheduled through the Clinic Executive Assistant. Any client who fails a hearing screening test should be scheduled for a complete audiological evaluation. Again, the appointment must be approved by the Supervisor and scheduled by the Clinic Executive Assistant.

CLINIC PRACTICUM CLOCK HOURS

CLINIC PRACTICUM CLOCK HOURS

Recording Clinic Hours

At the end of **EACH** week in the Clinic term, student clinicians should record all clinic clock hours earned during that week on the Clinical Practicum Experience Record form (see Form 16). Supervisors initial this form weekly for clients seen by the student for therapy or diagnostic evaluations.

At the end of each Clinic term, the student clinician must transfer the total number of hours earned during the term to the MTSU Clinical Practicum Record (see Form 17).

The updated MTSU Clinical Practicum Record is filed in the student clinician's experience folder in the Clinic. At the end of their academic program, students are provided a copy of their Clinical Practicum Record. This form is a summary record of all clinical hours earned at MTSU and should be kept for ASHA records. Eventually, this clinical practicum record will be transferred to the ASHA application form by the student's graduate school advisor.

It is the student's responsibility to maintain each semester's Clinical Experience Record form in a personal file outside the Clinic, in the event the Clinic copy is lost or destroyed. Supervisors **CANNOT** at any time verify clock hours gained in semesters other than the current without valid records.

CLINICIAN/SUPERVISOR EVALUATIONS

CLINICIAN/SUPERVISOR EVALUATION

Supervisors will supervise directly at least 25% of the treatment sessions and 50% of each diagnostic evaluation and will provide oral and written evaluations of the student clinician's performance during the clinic term (see Form 18).

At the end of the clinic term, the Clinic Supervisor will use the Clinic Practicum Student Evaluation form to evaluate each clinician's competencies for Speech-Language Practicum (see Form 19). At mid-semester, the Supervisor will discuss/evaluate the student clinician's progress in the areas of lesson plans, professional performance, and therapy management. Student clinicians also must be prepared to submit a self-evaluation of their performance to their Supervisor upon request. Students should study the competencies listed.

When receiving the Supervisor's semester evaluation (Form 19), the clinician should review, sign, and return it to the Supervisor. Student clinicians should request an appointment with their Supervisor to discuss any ratings that they do not understand. Clinic grades will not be submitted until the signed evaluation form is returned.

Supervisors of student clinicians assigned to off-campus clinical sites complete a separate evaluation (see Form 20). Clinicians write an evaluation synopsis of their off-campus experiences at the end of the semester.

Student clinicians should routinely review the student evaluation forms to learn the professional competencies expected of professionals in the field of Communication Disorders.

Student clinicians will be given an opportunity to evaluate their Clinical Supervisor each semester. (see Form 21).

MISCELLANEOUS

EMERGENCY FIRST AID SKILLS

Choking

SIGNS AND SYMPTOMS:

1. Alarming attempts at inhalation
2. Cyanosis (bluish skin)
3. Cessation of breathing
4. Unconsciousness

FIRST AID:

1. Question victim.
2. Support victim.
3. Administer 4 back blows.
4. Administer 4 abdominal thrusts-repeat sequence until effective.

Seizure

FIRST AID:

1. Remove obstacles.
2. Ease victim onto floor and place something soft underneath head.
3. Do **NOT** place object in victim's mouth.
4. Loosen constricting clothing/remove glasses.
5. Do **NOT** try to restrain victim's movements.
6. Monitor airway (only attempt CPR if victim is still not breathing *after* the seizure has stopped).
7. Prevent aspiration of vomitus by turning the victim's head to one side or turning victim onto stomach.
8. After the seizure, allow the victim to rest.
9. If victim is a child, notify person responsible for the child.
10. If convulsion recurs, get medical help.

Stroke

SIGNS AND SYMPTOMS:

1. Unconsciousness
2. Paralysis or weakness on one side of the body
3. Difficulty in breathing or swallowing
4. Loss of bladder and bowel control
5. Unequal pupil size
6. Slurred speech or inability to talk
7. FAST – face, arms, speech, time

FIRST AID:

1. Monitor airway (artificial respiration may be necessary).
2. Position victim on side.
3. Get medical help.

Open Wounds

FIRST AID (minor wounds):

1. Cleanse with soap and water.
2. Rinse thoroughly.
3. Blot dry.
4. Apply a clean or sterile dressing.

FIRST AID (severe bleeding):

1. Apply direct pressure (do **NOT** remove initial dressing).
2. Elevate wound.
3. Apply pressure on the pressure point.
4. Apply a tourniquet (rarely used, employed only as a last resort).

HYGIENE PRACTICES FOR CHILDCARE PROVIDERS

1. Caregivers should consider wearing single-use, disposable gloves in situations when contact with urine, stool or blood is possible. Many childcare programs already use disposable gloves during routine diaper changing to augment handwashing procedures. Similar routines should be instituted for cleaning wound where infected blood or pus may be involved.

2. Whether or not disposable gloves are worn, any potential contact with body fluids (nasal secretions, saliva, urine, etc.) should be followed by careful handwashing and sanitization of potentially contaminated surfaces.

3. Diluted bleach water is a good, inexpensive sanitizer, but others are commercially available. the Center for Disease Control says one tablespoon of bleach/quart of water is adequate as a sanitizing solution.

4. When wearing disposable gloves for wiping noses and drooled saliva is not practical, the caregiver should use disposable wipes or tissues for this purpose and wash his or her hands immediately thereafter. Easily accessible handwashing sinks are essential.

5. A mouthed toy should be gathered when a child seems finished with it and before another child decides to mouth the toy. A basin labeled "soiled" can be kept on the shelf to hold contaminated toys until they can be washed and sanitized. Toys with smooth surfaces can be washed in dishwashing liquid and warm water followed by a rinse in water, a dip in diluted bleach, and air drying. A dishwasher may be used if one is available. Fabric toys can be sanitized by washing in a washing machine followed by drying in the dryer or outdoor air. Toys which cannot hold up to these routines must either be confined to one child's use or be kept out of the childcare facility.

6. Infections can be spread by mouth kissing, so this practice should be prohibited, substituting ample hug instead of kisses.

7. Using common eating utensils must be avoided by close supervision of children during mealtime.

8. Any surface (crib rail, eating tray, or table, infant seat, etc.) which has been potentially contaminated by a body fluid must be cleaned and wiped with a sanitizing solution before another person can come in contact with it.

Bale, J.F. (1986). Congenital cytomegalovirus infection: Information for educational personnel. **American Journal of the Disordered Child**, **140**, 128-131.

HANDWASHING

Frequent handwashing is one of the best ways to avoid getting sick and spreading illness. Handwashing requires only soap and water or an alcohol-based hand sanitizer — a cleanser that doesn't require water.

Find out when and how to wash your hands properly.

When to wash your hands

As you touch people, surfaces and objects throughout the day, you accumulate germs on your hands. In turn, you can infect yourself with these germs by touching your eyes, nose or mouth. Although it's impossible to keep your hands germ-free, washing your hands frequently can help limit the transfer of bacteria, viruses and other microbes.

Always wash your hands before:

- Preparing food or eating
- Treating wounds, giving medicine, or caring for a sick or injured person
- Inserting or removing contact lenses

Always wash your hands after:

- Preparing food, especially raw meat or poultry
- Using the toilet or changing a diaper
- Touching an animal or animal toys, leashes or waste
- Blowing your nose, coughing or sneezing into your hands
- Treating wounds or caring for a sick or injured person
- Handling garbage, household or garden chemicals, or anything that could be contaminated — such as a cleaning cloth or soiled shoes
- Shaking hands with others

In addition, wash your hands whenever they look dirty.

How to wash your hands

It's generally best to wash your hands with soap and water. Follow these simple steps:

- Wet your hands with running water — either warm or cold.
- Apply liquid, bar or powder soap.
- Lather well.
- Rub your hands vigorously for at least 20 seconds. Remember to scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails.
- Rinse well.
- Dry your hands with a clean or disposable towel or air dryer.
- If possible, use a towel or your elbow to turn off the faucet.

Keep in mind that antibacterial soap is no more effective at killing germs than is regular soap. Using antibacterial soap might even lead to the development of bacteria that are resistant to the product's antimicrobial agents — making it harder to kill these germs in the future.

How to use an alcohol-based hand sanitizer

Alcohol-based hand sanitizers, which don't require water, are an acceptable alternative when soap and water aren't available. If you use a hand sanitizer, make sure the product contains at least 60 percent alcohol. Then follow these simple steps:

- Apply enough of the product to the palm of your hand to wet your hands completely.
- Rub your hands together, covering all surfaces, until your hands are dry.

Antimicrobial wipes or towelettes are another effective option. Again, look for a product that contains a high percentage of alcohol. If your hands are visibly dirty, however, wash with soap and water.

Kids need clean hands, too

Help children stay healthy by encouraging them to wash their hands properly and frequently. Wash your hands with your child to show him or her how it's done. To prevent rushing, suggest washing hands for as long as it takes to sing the "Happy Birthday" song twice. If your child can't reach the sink on his or her own, keep a step stool handy.

Alcohol-based hand sanitizers are OK for children and adolescents, especially when soap and water aren't available. However, be sure to supervise young children using alcohol-based hand sanitizers. Remind your child to make sure the sanitizer completely dries before he or she touches anything. Store the container safely away after use.

Hand hygiene is especially important for children in childcare settings. Young children cared for in groups outside the home are at greater risk of respiratory and gastrointestinal diseases, which can easily spread to family members and other contacts.

Be sure your childcare provider promotes frequent handwashing or use of alcohol-based hand sanitizers. Ask whether the children are required to wash their hands several times a day — not just before meals. Note, too, whether diapering areas are cleaned after each use and whether eating and diapering areas are well-separated.

A simple way to stay healthy

Handwashing doesn't take much time or effort, but it offers great rewards in terms of preventing illness. Adopting this simple habit can play a major role in protecting your health.

(From: www.mayoclinic.org/healthy-lifestyle, 2016).

FORMS 1 – 3
ACADEMIC INFORMATION

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY PROGRAM

ELIGIBILITY CRITERIA FOR ENROLLMENT IN CDIS 4550 CLINICAL PRACTICUM

Academic Criteria	**Date Verified/Signature**
1. Speech-Language Pathology and Audiology Major	_____
2. Overall Undergraduate GPA 2.60 in 60 credit hours, or 3.0 in last 30 hours	_____
3. Minimum GPA 2.80 maintained in Major	_____
4. Prerequisite Coursework with Minimum Grade of C in each course: CDIS 3050, 3150, 3200, 3300, and 3260	_____
5. Ten Observation Hours with Supervision by MTSU Faculty: CDIS 3300	_____
6. Speech-Hearing Screening and Phoneme Mastery Test passed at 80%+: CDIS 3200 & CDIS 3350	_____
7. B- or higher in ENGL 1010 and 1020	_____
8. Program to Remove Any Deficiency Initiated	_____

(Students who have not completed the above criteria will be assisted in devising a plan to correct their deficiencies. Students who do not follow through with the criteria and recommendations will not be approved for enrollment in clinical practicum.)

Speech-Language Pathology and Audiology Faculty Approval	**Date**
1. Recommendation for Enrollment in Clinical Practicum Next Semester	_____
2. Recommendation for Completion of Criteria as Indicated Below (Continue on back as needed)	_____

_____

_____

_____

_____	_____
Student Name	**Student Signature**
_____	_____
_____	_____
_____	_____

Faculty Signatures

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY PROGRAM

ELIGIBILITY CRITERIA FOR ENROLLMENT IN CDIS 4550 CLINICAL PRACTICUM

Professional Criteria

1. Effective Interpersonal Skills
2. Mature, Stable Behavior Shown with Faculty, Supervisors and Staff
3. Ability to Relate to Clients, Families, and Supervisors in a Professional Manner
4. Professional Speech and Language Style (Competent Phonological, Semantic, Syntactic and Pragmatic Skills)
5. Appropriate Grooming/Dress for Clinical Settings
6. Ability to Keep Personal Problems from Interfering with Clinical Responsibilities
7. Knowledge of the Clinical Policies and Procedures in the Clinic Manual

(Students who enroll in clinical practicum are expected to evidence professional behaviors. When students present personal characteristics unsuitable for clinical practicum, they will be counseled and given the opportunity to improve. Students who continue to show behaviors which could prevent clients from progressing or which could be a detriment to clients or their families will not be approved to enroll or continue in clinical practicum.)

Speech-Language Pathology and Audiology Faculty Approval **DATE**

1. Recommendation for Enrollment in Clinical Practicum Next Semester _____
2. Recommendation for Improvement of Criteria as Indicated Below (Continue on back as needed _____

_____

_____

_____

_____ _____

Student Name **Student Signature**

_____ _____

_____ _____

_____ _____

Faculty Signatures

MIDDLE TENNESSEE STATE UNIVERISTY

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Admission Criteria for School Practicum in Speech-Language Pathology

CDIS 4660 admission criteria for MTSU undergraduate students

1. Completion of CDIS 4550 and 4560 with a grade of “A” in each clinic as well as continuation of the professional, writing, and speaking criteria set forth in the MTSU clinic application.
2. Submission of an essay stating the student’s intent and purpose for participating in 4650 clinic, including a report on clinical experiences prior to the application. The essay will be reviewed by the faculty and clinical staff responsible for coordinating and supervising the off-campus clinical experiences.
3. A schedule allowing completion of a minimum of 50 hours of practicum away from the MTSU campus during the semester of enrollment.
4. Students enrolled in CDIS 4660 will participate in a clinical practicum in the school setting and must concurrently enroll in CDIS 4860.
5. Students may not participate in CDIS 4660 at a site where they are currently employed.
6. The enrollment in off-campus practicum is limited to availability of practicum sites and ASHA-certified supervision. The needs of the university clinic take priority over off-campus placements.
7. The faculty and clinical staff will consider the students' applications relative to the above criteria as well as the major GPA and overall GPA. Students seeking credentials as a Speech-Language Pathology Assistant will be given priority for the school practicum.

FORMS 5 – 7a
PROFESSIONAL GUIDELINES

MTSU Speech-Language-Hearing Clinic
Confidentiality Policy Statement

All information concerning any client being seen at the Clinic is confidential. For compliance with the Health Insurance Portability and Accountability Act of 1996, Pub. L. 104-191 (HIPPA), it is extremely important to observe the laws which protect the privacy of the client. Cases may only be discussed with supervisors, faculty members, or other persons directly involved with the case. Cases are NOT to be discussed with friends, roommates, or other people outside the Clinic. Care should be taken when having conversations in the student planning room, offices, restrooms, halls, observation rooms, waiting area, or anywhere in the building since clients and parents may be close by. Conditions which may cause violations of confidentiality are:

1. Conversations with or sending reports to other professionals who have a need to know, but the parents/client have not given permission to share information with other individuals. **Always double-check the release forms.**

2. Promotion and publicity for the Clinic without written permission.

3. Recordings of the client's speech (on video/audio) that are taken out of the Clinic for analysis and might be overheard by roommates or friends.

4. Lesson plans, observation reports, or diagnostic information that might be left in notebooks or computers where others could read them.

5. Therapy or diagnostic reports that are saved on clinic computers, personal computers, and/or cloud-based storage, such as Dropbox or Google Drive.

6. Conversations with family members that could be overheard. Student clinicians will communicate therapy information in the treatment room. When meeting with family members, clinical supervisors will meet in an empty office or clinical space. Confidential information will not be discussed in the clinic waiting area.

7. Discussions about adult clients (over age 18) with persons other than the client without written consent.

Supervisors and clinicians should inform any observers about the client's privacy rights and about the Clinic's confidentiality policy.

Clinicians will sign the **Confidentiality Policy Statement** each semester of enrollment in Clinic Practicum. Observers as well as MTSU faculty and staff will also be advised about client confidentiality and will be required to sign the statement and the **Observation Policies and Procedures**.

The Health and Human Performance Department Chair has access to the clinic and patient information. The department Chair will be required to annually sign the **Confidentiality Policy Statement** as well as the **Observation Policies and Procedures**.

Clinic folders may be signed out by supervisors and students in the student work room using the **Clinic Folder Check-Out** form. When checked out, the folders must be safeguarded at all times. The folders or contents may **NEVER** be taken outside the Clinic. Folders must be returned promptly. Anyone who checks a folder out will be held responsible for any missing contents. Client folders are stored in a locked cabinet in the student work room (AMG 122). The student work room requires an MTSU ID swipe to access. Only SLPA student clinicians, student observers, faculty, and staff will have ID swipe access to the work room. The locked cabinet containing client folders will be unlocked daily as long as clinic staff are present in the clinic. If the cabinet is locked, student clinicians will have access to a key. They are required to lock the cabinet immediately after use and return the key.

Student clinicians, student observers, and clinical faculty are not allowed to post client information on social media even with parental permission. This may include but is not limited to images, names, identifying information, stories or information about a therapy session, and reports.

_____ _____

Print Name Signature

_____

Date

_____

Signature of Witness

Form 5a

MTSU Speech-Language-Hearing Clinic
Observation Policies and Procedures

To comply with HIPAA Privacy and Security Rules, I agree to:

1. Speak in a low tone.
2. Ensure all notes are kept private and do not contain personal health information.
3. Silence my cell phone.
4. Not take pictures or videos.
5. Only observe my assigned client or family member.
6. Respect the confidentiality of all clients and families in the clinic.

_____ _____

Print Name of Observer Signature of Observer

_____

Date

_____

Signature of Witness

This, signed, Policies and Procedures document will be kept on file in the MTSU Speech-Language-Hearing Clinic Office.

Patient/Visitor/Research Participant Confidentiality Agreement

I understand that for safety and for legal reasons, all information pertaining to anyone who seeks or has received the services of the MTSU Speech-Language Hearing Clinic must be kept confidential. This includes the identity of those who seek services, their names, gender, age, types of services received, and place where services were sought or received, and any other information that could identify the individual. I understand that this information is NOT to be shared with anyone.

I will maintain the confidentiality of those people I meet in this clinic. I understand that my confidentiality obligation is on-going, and it does not end when my visit to or relationship with this clinic ends.

I agree to abide by the guidelines above. I understand that failure to respect these confidentiality guidelines may result in me being barred from the MTSU Speech-Language-Hearing Clinic programs. In addition, depending upon the impact of my confidentiality breach, I may also be subject to civil or criminal liability. This confidentiality agreement was created to ensure the safety and privacy of the participants at this clinic. I agree to notify a supervisor or the Clinic Coordinator immediately if I have questions or concerns regarding this clinic's confidentiality agreement.

Printed Name _____ Date: _____

Signature _____

Form 6

CLIENT FOLDER CHECK-OUT
(All Folders must be signed out and signed in)

CLIENT'S INITIALS	PERSON CHECKING OUT (LOCATION)	DATE / TIME OUT	DATE / TIME IN
W.O.	Jane Doe (Room 213)	9/4/21 9:30 A.M.	9/4/21 2:00 P.M.

MIDDLE TENNESSEE STATE UNIVERSITY
SPEECH-LANGUAGE-HEARING CLINIC

OBSERVATION: THERAPY

Observer's Name:_____Date: _____

Length of Observation: _____ Observation Hours to Date: _____

Client's Initials:_____ Client's Age: _____ Supervisor: _____

Clinician's Signature: _____

1. What type of communication disorder did the client exhibit?

2. What were the objectives/target behaviors of the session?

3. How was the session structured?

4. How was the room arranged?

5. How were the client and the clinician seated in relation to each other?

6. What types of materials and activities were used?

7. What did the clinician do to teach the target behaviors (treatment techniques)?

8. How were undesirable behaviors decreased?

9. How were responses charted?

(From Hegde, M., & Davis, D**. Clinical Methods and Practicum in Speech-Language Pathology)**

Form 7a
(Example)

MIDDLE TENNESSEE STATE UNIVERSITY
SPEECH-LANGUAGE-HEARING CLINIC

OBSERVATION: THERAPY

Observer's Name: Jane Doe Date: 10/17/04

Length of Observation: 1 hour Observation Hours to Date: 13

Client's Initials: P.P. Client's Age: 6:4 Supervisor: Mrs. Smith

Clinician's Signature: _____

1. What type of communication disorder did the client exhibit?
   Articulation

2. What were the objectives/target behaviors of the session?
   - **Discriminate words with /w/ verses /r/ sounds**
   - **Improve production of the /r/ sound**

3. How was the session structured?
   - **Read a book-Rowdy the Rascal**
   - **Practices /r/ in the mirror**
   - **Flashcards were used to discriminate /w/ verses /r/**
   - **Produce target /r/ words**

4. How was the room arranged?
   The table was against the sidewall with the computer against the far wall. A large observation window is on the other sidewall.

5. How were the client and the clinician seated in relation to each other?
   The table was against the wall with the client seated on one side of the table and the clinician seated on the other side.

6. What types of materials and activities were used?
   - **Books containing the /r/ sound**
   - **Pictures of minimal pairs**
   - **Game board made by the clinician**

7. What did the clinician do to teach the target behaviors (treatment techniques)?
   - **Modeled the target sound**
   - **Demonstrated tongue placement in the mirror**

8. How were undesirable behaviors decreased?
   The clinician directed the client to the appropriate task.

9. How were responses charted?
   A + or – was used to chart correct and incorrect productions. The response was circled if a cue was required for a correct production

(From Hegde, M., & Davis, D**. Clinical Methods and Practicum in Speech-Language Pathology)**

FORMS 8 – 10
CLINIC POLICIES/PROCEDURES

MTSU SPEECH-LANGUAGE-HEARING CLINIC ATTENDANCE RECORD

Client Initials _____ **Clinic Term** _____

Clinician _____ **Beginning Date** _____

Termination Date _____

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
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27												
28												
29												
30												
31												

√= Present

CC= Clinician Cancellation

AB= Client Absent

Note: The total number of dates marked "√" and "AB" = the number of scheduled sessions on the therapy report. Dates marked "CC" are not clinic scheduled sessions.

COPY/LAMINATE REQUEST

SPEECH-LANGUAGE-HEARING CLINIC

DATE SUBMITTED: _____

CLINICIAN: _____

CLINICAL SUPERVISOR: _____

PAGE NUMBERS: _____

DATE NEEDED: _____

DATE COMPLETED: _____

COPY/LAMINATE REQUEST

SPEECH-LANGUAGE-HEARING CLINIC

DATE SUBMITTED: _____

CLINICIAN: _____

CLINICAL SUPERVISOR: _____

PAGE NUMBERS: _____

DATE NEEDED: _____

DATE COMPLETED: _____

COPY/LAMINATE REQUEST

SPEECH-LANGAUGE-HEARING CLINIC

DATE SUBMITTED: _____

CLINICIAN: _____

CLINICAL SUPERVISOR: _____

PAGE NUMBERS: _____

DATE NEEDED: _____

DATE COMPLETED: _____

Form 9

MIDDLE TENNESSEE STATE UNIVERSITY
SPEECH-LANGUAGE-HEARING CLINIC

CLIENT/PARENT APPOINTMENT CONFIRMATION

Clinician Name: _____

Client Name: _____

Supervisor: _____

Appointment Time/Beginning Date: _____

Date Contacted Client/Parent: _____

COMMENTS:

Introduction: _____

Appointment Time Confirmed: _____

Parking Permit Reminder (if applicable): _____

Weather Policy Reminder: _____

Food and Drink Policy: _____

PROBLEMS:

This form turned into the Clinic Executive Assistant: _____
(Date)

END-OF-CLINIC SELF-CHECK

Below is a list of items to help you complete the end-of-clinic tasks. Use the list to “check yourself”, and turn it in to your Supervisor, signed and dated.

	Yes/No
1. All tests which my Supervisor and I administered during the semester are in the main folder.	_____
2. My final report has been approved and signed by my Supervisor. My Supervisor has turned my final report into the Clinic Executive Assistant.	_____
3. I have checked to be sure that I returned all therapy materials to the proper rooms, kits, and categories within the kits.	_____
4. My Experience Record has been signed/initialed and my ASHA Form is complete.	_____
7. I have performed my Clinic cleanup duties.	_____
8. I have signed my semester Clinic evaluation and returned it to my Supervisor.	_____

Other reminders:

_____ _____

Student Clinician **Date**

FORMS 11 – 15a
CLINICAL MANAGEMENT

MIDDLE TENNESSEE STATE UNIVERSITY
SPEECH-LANGUAGE-HEARING CLINIC

PRE-THERAPY PLAN

Student Clinician:		**Supervisor:**	
Semester:		**Year:**	
Therapy Days/Time:		**Room:**	
Client Initials:		**School:**	
Age:		**School Clinician:**	
Grade:		**Medical Diagnosis:**	
Speech-Language Diagnosis:			

I.	**Overview of most recent diagnostic testing (within past 3 years) (include name of test, Specific test results, and location and date of testing:**

	A. Language:
	Insert Test Name

	Insert Test Name

	Insert Test Name

	B. Articulation:
	Insert Test Name

	Insert Test Name

	C. Hearing:
	Insert Test Name

	Insert Test Name

	D. Other:
	Insert Test Name

	Insert Test Name

II.	**Most recent post-therapy data/results at the MTSU Clinic:**

	A. Language:
	Receptive Language
	1.
	2.
	3.
	4.
	Expressive Language
	1.
	2.
	3.
	4.

	B. Articulation:
	1.
	2.
	3.
	4.

	C. Other:

III.	**Most recent information from other therapy programs:**
	A. Site:
	B. Duration of Program:
	C. Results of Therapy or Diagnostic Testing:

IV.	**Evaluations Needed:**

V.	**Description of client. This summary should demonstrate an understanding of client's medical and developmental history as well as specific questions to be addressed.**

	A. Client's History:

	B. Specific Questions:

VI.	**Recommended Semester Objectives from the MTSU Clinic:**
	A. Receptive Language:
	1.
	2.
	B. Expressive Language:
	1.
	2.
	C. Articulation:
	1.
	2.

MIDDLE TENNESSEE STATE UNIVERSITY
SPEECH-LANGUAGE-HEARING CLINIC

PRE-THERAPY PLAN

Student Clinician:	Alice Lock	**Supervisor:**	Lori Seals
Semester:	Spring	**Year:**	2024
Therapy Days/Time:	M/W 3:00 PM	**Room:**	224
Client Initials:	C.C.	**School:**	Cooker Elementary
Age:	6 years, 4 months	**School Clinician:**	Lisa Hale
Grade:	1st	**Medical Diagnosis:**	n/a
Speech-Language Diagnosis:	Language/Articulation		

I.	**Overview of most recent diagnostic testing (within past 3 years) (include name of test, Specific test results, and location and date of testing:**

	A. Language:
	Peabody Picture Vocabulary Test -Third Edition Form IIIA: 9/8/03 Middle Tennessee State University Speech-Language-Hearing Clinic- Murfreesboro, TN Standard Score: 84 Percentile Rank: 14 Stanine: 3 The client presents with a mild language delay when compared to other children her age.

	Boehm Test of Basic Concepts: Third Edition: 9/2003 Middle Tennessee State University Speech-Language-Hearing Clinic- Murfreesboro, TN <u>Concepts Correct</u> top first as many row next other center every always right corner farthest whole through separated bottom never beginning side front away match over starting last behind different below forward least backward <u>Concepts Incorrect</u> medium-sized before end part some above few second widest half alike fewest third most left between pair skip equal

	PLS4- Preschool Language Scale Fourth Edition: 9/9/02 Middle Tennessee State University Speech-Language-Hearing Clinic- Murfreesboro, TN Auditory Comprehension Standard Score: 85 Percentile Rank: 16 Expressive Language Standard Score: 73 Percentile Rank: 4 Total Language Score Standard Score: 77 Percentile Rank: 6

	The client presents with a moderate language delay when compared to other children her age.

	B. Articulation:
	Goldman Fristoe 2 Test of Articulation: 9/12/2003 Middle Tennessee State University Speech-Language-Hearing Clinic- Murfreesboro, TN Standard Score: 92 Percentile: 15 Substitutions Initial: s/c, w/r, bw/br, dw/dr, fw/fr, tw/tr Medial: s/c, w/r Final: s/c, 1/r, z/j, f/' The client presents with a mild articulation delay when compared to other children her age.

	C. Hearing:
	Hearing Screening: 9/13/03 Middle Tennessee State University Speech-Language-Hearing Clinic- Murfreesboro, TN Hearing was screened at 20dB for 1000, 2000, and 4000Hz. Tympanometry, which looks at possible middle ear fluid or disease was also performed. C.C. passed both tests.

	D. Other:
	Examination of Oral Peripheral Mechanism: 8/31/04 Middle Tennessee State University Speech-Language-Hearing Clinic- Murfreesboro, TN C.C. presents with symmetrical facial features. During the exam, she pressed, pursed, and retracted her lips. She was able to move her jaw up and down and side to side. C.C.'s tongue appeared appropriate in size, and she was able to elevate, lateralize, lick her lips, and move her tongue independently from her jaw. The soft and hard palates were within normal limits. Her uvula slightly deviated to the right. C.C. was observed swallowing with her teeth apart, and the clinician could see the tongue when she swallowed. Dental observations revealed normal spacing with the two upper central incisors missing. Diadochokinesis, rapid repetition of phonemic syllables, appeared to be within normal limits.

II.	**Most recent post-therapy data/results at the MTSU Clinic:**

	A. Language:
	Receptive Language
	1. The client will categorize 20 pictures when given 2-3 element verbal descriptions, 70% accuracy (for example, *sweet fruit*, *sour fruit*, *small sweet fruit*, *sweet red fruit*, *large blue book, small red block*, etc.). Status: Not Achieved, 50% The client consistently used one attribute but had difficulty using 2-element verbal descriptions without prompting from the clinician.
	2. The client will identify 20 of 30 pictures representing new vocabulary words as determined through diagnostic teaching. Status: Achieved, 24 words The client did well with the vocabulary words introduced but should continue to focus on formal words for familiar objects.
	Expressive Language
	1. When asked, the client will recall activities in which she participated prior to therapy, 70% accuracy. Status: Achieved, 100% Excellent progress was made with this goal and should be discontinued.
	2. With a clinician model, the client will retell a sequence of 5 events from a story without using pictures, 80% accuracy.

	Status: Achieved, 100% This goal was met and should be discontinued.
	3. The client will compare and explain how 8 of 10 objects are the *same* and how they are *different*. Status: Not Achieved, 70% The client was able to identify how the objects were the *same* and how they were *different* with clinician prompting but was inconsistent.
	4. The client will answer 8 of 10 questions expressing past tense *–ed*. Status: Not Achieved, 60% The client was able to point to pictures when asked a question that required the past tense *–ed*. She attempted to produce the *–ed*, but was unable to do so independently.

	B. Articulation:
	The client will imitate oral movement for /r/ while looking in a mirror with 90% accuracy. Status: Achieved, 100% The client made excellent progress and should continue with production of /r/.

	C. Other: n/a

III.	**Most recent information from other therapy programs:**
	A. Site: Cooker Elementary, Rutherford County
	B. Duration of Program: 2002 to present
	C. Results of Therapy or Diagnostic Testing: The client receives speech and language therapy two days a week for 30 minutes.

IV.	**Evaluations Needed:**
	Total language evaluation (CELF-4 or TOLD-P) Articulation testing (Goldman Fristoe-2)

V.	**Description of client. This summary should demonstrate an understanding of client's medical and developmental history as well as specific questions to be addressed.**
	A. Client's History:
	C.C. was born at 37 weeks gestation. Her mother was induced due to prolonged high blood pressure. She weighed 5 lbs. 21/2 ounces at birth and initially had difficulty sucking on the bottle. All motor development milestones were within normal limits. C.C. was initially evaluated at Vanderbilt's Bill Wilkerson center for a speech and language delay. She reportedly has ear infections a couple of times a year and frequent nose bleeds. C.C. is allergic to nuts and chocolate.

	B. Specific Questions:
	What type of behavior management techniques work well with the client? Will the co-treatment with the client's sister continue and how often?

VI.	**Recommended Semester Objectives from the MTSU Clinic:**
	A. Receptive Language:
	1. The client will identify concepts with two and three-dimensional stimuli with 75% accuracy.
	2. The client will follow 2-step directions involving academic and functional activities with 95% accuracy.
	B. Expressive Language:

	The client will describe two and three-dimensional stimuli by use of adjective + adjective + noun combinations with minimal cues with 70% accuracy.
	C. Articulation:
	The client will produce medial and final /v/ at the word level with 85% accuracy.

GUIDELINES FOR TYPING AND DISTRIBUTION OF GOALS AND OBJECTIVES

- A template as well as video instructions are provided in D2L to help you format the Goals and Objectives document.
- All "Goals and Objectives" are to be word processed using the Microsoft WORD software program; using Arial 10 font; tabs should be set at 0.2 under "Format."
- Phonetic symbols must be used. For example, you will copy and paste /θ/ instead of “th” to indicate the target sound.
- **DO NOT include the client’s full name (initials only) or actual date of birth (only the heading).**

Printing:

- Once your document (according to 12a) is approved by your supervisor, email the document to the clinic Executive Assistant.
- **Be sure to only use the client’s initials and leave the date of birth blank.**
- The Executive Assistant will print two copies and place them in the client’s folder in the student workroom. You will receive an email to confirm.

Signed Copies:

- **The client/caregiver will sign both copies of the goals and objectives.**
- **One copy will be returned to the Executive Assistant.**
- **One copy will be sent home with the client/caregiver.**

(See example Forms 12a, 12b)

Form 12a
(Template)

Goals and Objectives
Semester Year

Name:		**School Therapist:**	
DOB:		**Medical Diagnosis:**	
Age:		**Hearing Screening:**	
Diagnosis:		**Student Clinician:**	
School:		**Clinical Supervisor:**	

LONG TERM GOALS	
1.	
2.	
3.	

SEMESTER OBJECTIVES	
Receptive Language:	
1.	
2.	

Expressive Language:	
1.	
2.	

Articulation:	
1.	
2.	

Parent **Date**

Clinician Name(s)
Student Clinician(s)

Name of Clinical Supervisor
Clinical Supervisor

Form 12b
(Example)

Goals and Objectives
Spring 2004

Name:	C.C.	**School Therapist:**	Lisa Hale
DOB:	xx.xx.xx	**Medical Diagnosis:**	n/a
Age:	6 years, 4 months	**Hearing Screening:**	10.19.04
Diagnosis:	Articulation/Language	**Student Clinician:**	Alice Lock
School:	Cooker Elementary	**Clinical Supervisor:**	Kay Garrard

LONG TERM GOALS	
1.	The client will improve receptive language to an age-appropriate level.
2.	The client will improve expressive language to an age-appropriate level.
3.	The client will improve articulation to an age-appropriate level.

SEMESTER OBJECTIVES	
Receptive Language:	
1.	The client will follow oral directions that use grade-level positional/directional concepts (i.e., *over, under, forward, backward, between, right, left, in front, behind, to the side*) in 80% of her attempts.
2.	The client will sort 20 objects by two attributes (i.e., *small green triangle* vs. *large green triangle*), 90% accuracy

Expressive Language:	
1.	The client will compare and explain how objects are the *same* and how they are *different* in 90% of her attempts.
2.	The client will answer 8 of 10 questions expressing past tense – *ed*, 90% accuracy.

Articulation:	
1.	The client will discriminate auditorily (by pointing to the picture) /r/ in 10 minimal contrast word pairs with 90% accuracy.
2.	The client will produce initial /r/ with vowels in CV syllables after a clinician model with 70% accuracy.

Parent **Date**

Alice Lock
Student Clinician

Kay Garrard, Ph.D., CCC-SLP
Clinical Supervisor

LESSON PLAN
(GUIDELINES)

DATE_____ **CLIENT'S INITIALS**_____

SEMESTER OBJECTIVES

(A) Current Focus-This section is to be completed and approved by the Supervisor prior to therapy.

SESSION OBJECTIVES:	**PROCEDURE PLAN: TASKS/MATERIALS**	**THERAPY RESULTS: OBSERVATION/PERFORMANCE**
(B) Completed and approved prior to therapy	(C) Completed and approved prior to therapy **Materials:** **Concepts/target words:** **Activity:** **Treatment Techniques:** **Reinforcements:**	(D) Completed immediately after therapy **Objective:** **Assessment:** **Plan:**

Form 13
(Guidelines)

ASSIGNMENTS/HOMEWORK (E) Completed and approved prior to therapy	**SELF-EVALUATION** (F) Completed immediately after therapy

LESSON PLAN CHECKLIST

Yes / No	**Attendance chart and ASHA hours completed**
Yes / No	**All appropriate sections completed (ABC & E for the 1st time and the remaining 2 for the 2nd time turned in)**
Yes / No	**The objective in section B is a SESSION objective and matches the procedure in section C**
Yes / No	**Section B includes criteria which connects to prior session results (using results from one session to plan for another)**
Yes / No	**Listed the name of the program, technique, material, published book, etc.**
Yes / No	**Word list/ concept list included in materials section**
Yes / No	**Skilled information described/therapy strategies included**
Yes / No	**Multisensory cues included**
Yes / No	**Exact quotes included**
Yes / No	**Reinforcement activities described**
Yes / No	**Planned appropriate number of goal related activities**
Yes / No	**Section D lists results as they pertain to the objective (section A), such as % to %, or 3 of 10 as relates to 8 of 10. Results reported include objective, analysis, and plan information.**
Yes / No	**Responded to suggestions from supervisor**
Yes / No	**Completed self-evaluation about clinician's performance**

Materials: Include all materials for the activity including craft supplies, the name of published programs or websites, and the items needed for the reinforcement

Concepts/target words: List all words targeted: vocabulary, concepts, artic words, sounds in isolation, etc.

Activity:
Skill: Your therapy session needs to be a "skilled" service (skilled care). In this section, you will use your skills (knowledge) to treat your client's communication disorder. Skill terms may include: pre-teach, teach, review, demonstrate, check for comprehension, etc. Provide exact quotes as often as possible.
Expectation: It is important for the clinician to set the expectation before beginning the activity. In this section, you will tell the client what you will be doing and what you want them to do. The activity will likely be smoother than if you just jump in and start presenting materials. It may also decrease any anxiety and potential behavior issues. Provide exact quotes in the format, "I will _____, and I want you to ___." Be specific!

Data collection does not begin until AFTER you have set the expectation. Do not begin collecting data while you are still teaching the objective. The client must understand the task, be attentive, and be actively participating before data is collected.

Treatment Techniques: Treatment techniques are cues and prompts used to elicit a correct response. Techniques should be listed in a hierarchy and be multi-sensory (If the client does not respond or responds incorrectly what will I do next? Multi-sensory support includes auditory, visual, and tactile/kinesthetic techniques). Each technique should be described unless the technique itself is descriptive, such as repetition, additional time, and model.

Reinforcement: List your reinforcement plan or indicate that the activity is reinforcing. Include a reinforcement schedule if appropriate.

****If a behavior management plan is necessary, please include it at the end of your lesson plan.**

LESSON PLAN

DATE 3.4.04 **CLIENT'S INITIALS** C.C.

Receptive Language:
1. The client will follow simple directions such as *get* the and *give me* without prompts 90% of the time.
2. The client will follow positional directions including *in* and *next to* during structured play with 80% accuracy.

Expressive Language:
1. The client will answer *who* questions about a variety of topics with 80% accuracy.
2. The client will identify desirable objects/activities using Proloquo2Go on the iPad 7 times per session.

Articulation:
1. The client will produce /v/ in the initial position of words in sentences with 95% accuracy.
2. The client will produce /g/ in the final position of words with 90% accuracy.

SESSION OBJECTIVES:	PROCEDURE PLAN: TASKS/MATERIALS	THERAPY RESULTS: OBSERVATION/PERFORMANCE
Receptive Language: 1. The client will follow simple directions such as *get* the and *give me* without prompts 70% of the time.	**Materials:** Foam butterfly, stickers of different shape, size and color. **Concepts/target words:** *get the, give me* **Activity:** Skill: Before the activity begins, the clinicians will **demonstrate** the concepts of *get the* and *give me* by each taking a turn following a direction involving those concepts. Expectation: The clinician will then say, "C.C., I will show you three stickers and say the direction. I want you to listen carefully and do what I say." The clinician will then provide a field of three stickers and say, "C.C., *get the* small flower." The client will decorate the butterfly (or herself) with the stickers. **Treatment Techniques:** 1. **Repetition** of the stimulus. 2. **Gesture cue**-the clinician will point to the sticker. 3. **Hand-over-hand** **Reinforcements:** The activity is reinforcing.	**Objective:** The client followed simple directions such as *get* the and *give me* without prompts 60% of the time. **Assessment:** The client enjoyed the activity. The stickers were very reinforcing. Repetition of the stimulus was required for each direction and a gesture cue was used 4 times. **Plan:** The clinician will continue to use a field of three, and the treatment techniques will remain the same. A new "craft" will be used next week. This activity was very successful and will be repeated in future sessions.

Form 13a
(Example)

2. The client will follow the positional direction *in* during structured play with 40% accuracy.	**Materials:** a troll, cake, penny, pig, fork, hat, pencil, apple, ring, bear, and a bucket. The caterpillar tunnel will be used as a reinforcement. **Concepts/target words:** *in* **Activity:** Skill: The client is familiar with all of the objects, but the clinician will label each object before the activity begins. The clinician will also check for understanding by asking the client to point to some of the objects before the activity begins. Expectation: The clinician will then say, "I will give you one object at a time, and I want you to put it in the bucket. When all the objects are in the bucket, we will crawl through the tunnel." Before each turn, the clinician will say, "Put the (object) in the bucket." The command will be repeated until all of the objects are in the bucket. **Treatment Techniques:** 1. **Repetition** of the stimulus. 2. **Gesture cue**-the clinician will point inside the bucket. 3. **Hand-over-hand** **Reinforcements:** verbal praise and crawling through the caterpillar tunnel	**Objective:** The client followed the positional direction *in* during structured play with 50% accuracy. **Assessment:** In order to keep him engaged **SEMESTER OBJECTIVES** through the tunnel after following each command. This was very successful in keeping his attention. Repetition as well as a gesture cue were required 5 times. HOH was only required once. **Plan:** This activity was new this week so it will be repeated next week, and the treatment techniques will remain the same.
Expressive Language: 1. The client will answer *who* questions about community helpers with 80% accuracy.	**Materials:** pictures of community helpers and list of *who* questions. For the reinforcement, community helper dress-up clothes **Concepts/target words:** Community Helper/*who* question: Doctor/Who helps you when you are sick? Mail carrier/Who delivers the mail? Firefighter/ Who puts out fires? Police officer/Who helps keep us safe? Dentist/Who checks your teeth? **Activity:** Skill: The clinician will **review** the name of each community helper before the activity begins. The	**Objective:** The client answered *who* questions about community helpers with 60% accuracy. **Assessment:** The reinforcement was not enough, so the clinician offered stickers for each response throughout the activity. The client attempted a response each time and required a positional prompt twice. **Plan:** The activity will be repeated with a new reinforcement plan.

2. The client will identify desirable objects/activities from a field of two using Proloquo2Go on the iPad 5 times per session.	clinician will also add additional information and descriptions about each community helper ("My doctor's name is Dr. Collins. The mailman in my neighborhood wears a blue shirt. I like to go to the dentist."). Expectation: The clinician will then say, "C.C., I will show you one card at a time and ask you a question. I want you to use your words and answer the question." The clinician will present one card at a time and ask, "Who puts out fires?" **Treatment Techniques:** 1. **Repetition** of the stimulus. 2. **Semantic Cue/Additional Information- "**He drives a fire truck." **3. Cloze Sentence**- "The person who puts out fires is a _____." **4. Initial Phoneme Cue**- "The person who puts out fires is a f_____." **5. Model**- "Fire fighter. The person who puts out fires is a fire fighter." **Reinforcements:** After the client answers all of the questions, we will each dress-up as a community helper and pretend play. **Materials:** Proloquo2Go on the iPad, stylus ("pen"), Velcro communication board **Concepts/target words:** The client will choose a desirable reinforcement activity. The choices on the device are: elephant, tissue, bubbles, video, music **Activity:** Before each activity, the client will choose on the iPad what he wants to work for. Skill: The clinician will open the reinforcement page in the app to review each reinforcement option. The clinician will point to each picture using the stylus and provide the label.	**Objective:** The client identified desirable objects/activities from a field of two using Proloquo2Go on the iPad 3 times. **Assessment:** The client continues to stay engaged when selecting from a field of two. Vocal emphasis was required during each trial and hand-over-hand was required twice. **Plan:** The clinician will continue to use a field of two. Next week two new reinforcements will be introduced: motorcycles and monkeys.

Articulation: 1. The client will produce /v/ in the initial position of words in sentences with 80% accuracy.	Expectation: The clinician will say, "C.C., I will give you the pen, and I want you to tell me what you want to work for." The clinician will place the stylus in the client's hand at which point the clinician will say, "Show me what you want to work for!" The client will then select a desirable activity from a field of two using a stylus. One activity will be something he enjoys; the other will be something he dislikes, forcing the client to be engaged when selecting a desirable activity. The clinician will find the corresponding Velcro-backed picture card and place it on the "first/then" side of the communication board. After an activity is completed, the client will remove the activity from the communication board and place it in an "all-done" bucket. **Treatment techniques:** 1. **Vocal emphasis** will be used on the desirable objects. 2. **Hand-over-hand** will be provided if the stylus is not used to activate the iPad. **Reinforcement:** 1. Verbal praise 2. "All-done" bucket 3. Client's choice of reinforcement **Materials:** *Google Images* printouts of the words in scenes rather than single pictures, tokens (pennies) **Concepts/target words:** van, vote, vine, vain, voice **Activity:** Skill: The clinician will present each scene and review the target word for each scene. The clinician will also review how to produce the /v/ sound by asking the client, "What do we need to remember in order to make our best /v/?" Expectation: The clinician will say, "I am going to show you one scene at a time. I want you to tell	**Objective:** The client produced /v/ in the initial position of words in sentences with 80% accuracy. **Assessment:** The client was attentive throughout the activity and only required the use of a verbal cue one time. The scenes containing the target words were appropriate. The token system was also effective and will be repeated. **Plan:** The treatment techniques will remain the same. Five new target words will be introduced.

	me about the picture, using your /v/ sound in a sentence. You will receive pennies after each sentence to trade in for a prize from the treasure chest." The clinician will then present one scene at a time and request a description in order to lead the client to use the target word in connected speech, "Tell me about the girl." If the client does not use a sentence, the clinician will model a sentence and use an intervening sentence before the client replies. "The girl is driving a van. They are going on vacation. Tell me about the girl." **Treatment techniques:** 1. **Verbal cue:** "Use your v." 2. **Placement cue:** "Top teeth on bottom lip." 3. **Tactile Cue:** touch a toothette to C.C.'s bottom lip to show where his teeth should be placed. **Reinforcement:** The client will receive pennies and specific verbal praise after each sentence. He will be allowed to trade the pennies in for a prize once the session is over.	
2. The client will produce /g/ in the final position of words with 80% accuracy.	**Materials:** *Super Duper Artic Photos Fun Deck,* a flashlight for reinforcement **Concepts/target words:** rug, dog, bag, frog, flag **Activity:** Skill: The clinician will **teach** the client how to make a /g/ by saying, "When we make the /g/ sound, we need to remember to keep our mouth open and tongue back. The client and clinician will use the therapy mirror in order to "see" how the /g/ is produced. While looking in the mirror, the clinician will point out how her mouth is open and not closed and how her tongue is in the back of her mouth. Expectation: The clinician will then say, "I will s using your best /g/ sound. This time the /g/ will be at the end of the word." The clinician and client will how you a picture I want you to say the word find each photo card with a flashlight and say the	**Objective:** The client produced /g/ in the final position of words with 60% accuracy. **Assessment:** The client was excited to find the cards with a flashlight. He required the use of a verbal cue one time and one placement cue. **Plan:** The treatment techniques will remain the same. Five new target words will be introduced

	target word. The clinician will then present one picture card and ask, “What is this?” If the client does not respond, the clinician will model the word and use an intervening sentence before the client replies. “Rug. We see them in the living room. What is it?” **Treatment techniques:** 1. **Verbal cue:** “Use your g.” 2. **Placement cue:** “Mouth open, tongue back.” 3. **Tactile Cue:** use a sucker to hold his tongue down and prevent tongue tip elevation. 4. **Model** **Reinforcement:** The flashlight game is reinforcing	

ASSIGNMENTS/HOMEWORK	SELF-EVALUATION
The clinician will send home a list initial /g/ words that the client has already mastered.	We have created a behavioral plan with specific steps for us to use during therapy. We feel good about this plan and more confident in handling behavior. We have changed the yes/no activity and hope to break the client of his routine answers.

LESSON PLAN CHECKLIST

Yes / No	**Attendance chart and ASHA hours completed**
Yes / No	**All appropriate sections completed (ABC & E for the 1st time and the remaining 2 for the 2nd time turned in)**
Yes / No	**The objective in section B is a SESSION objective and matches the procedure in section C**
Yes / No	**Section B includes criteria which connects to prior session results (using results from one session to plan for another)**
Yes / No	**Listed the name of the program, technique, material, published book, etc.**
Yes / No	**Word list/ concept list included in materials section**
Yes / No	**Skilled information described/therapy strategies included**
Yes / No	**Multisensory cues included**
Yes / No	**Exact quotes included**
Yes / No	**Reinforcement activities described**
Yes / No	**Planned appropriate number of goal related activities**
Yes / No	**Section D lists results as they pertain to the objective (section A), such as % to %, or 3 of 10 as relates to 8 of 10. Results reported include objective, analysis, and plan information.**
Yes / No	**Responded to suggestions from supervisor**
Yes / No	**Completed self-evaluation about clinician's performance**

Materials: Include all materials for the activity including craft supplies, the name of published programs or websites, and the items needed for the reinforcement

Concepts/target words: List all words targeted: vocabulary, concepts, artic words, sounds in isolation, etc.

Activity:
Skill: Your therapy session needs to be a "skilled" service (skilled care). In this section, you will use your skills (knowledge) to treat your client's communication disorder. Skill terms may include: pre-teach, teach, review, demonstrate, check for comprehension, etc. Provide exact quotes as often as possible.
Expectation: It is important for the clinician to set the expectation before beginning the activity. In this section, you will tell the client what you will be doing and what you want them to do. The activity will likely be smoother than if you just jump in and start presenting materials. It may also decrease any anxiety

and potential behavior issues. Provide exact quotes in the format, “I will _____, and I want you to ___.” Be specific!

Data collection does not begin until AFTER you have set the expectation. Do not begin collecting data while you are still teaching the objective. The client must understand the task, be attentive, and be actively participating before data is collected.

Treatment Techniques: Treatment techniques are cues and prompts used to elicit a correct response. Techniques should be listed in a hierarchy and be multi-sensory (If the client does not respond or responds incorrectly what will I do next? Multi-sensory support includes auditory, visual, and tactile/kinesthetic techniques). Each technique should be described unless the technique itself is descriptive, such as repetition, additional time, and model.

Reinforcement: List your reinforcement plan or indicate that the activity is reinforcing. Include a reinforcement schedule if appropriate.

****If a behavior management plan is necessary, please include it at the end of your lesson plan.**

LESSON PLAN

DATE_____ **CLIENT'S INITIALS**_____

SEMESTER OBJECTIVES

SESSION OBJECTIVES:	**PROCEDURE PLAN: TASKS/MATERIAS**	**THERAPY RESULTS: OBSERVATION/PERFORMANCE**
	Materials: **Concepts/target words:** **Activity:** **Treatment Techniques:** **Reinforcements:**	**Objective:** **Assessment:** **Plan:**

Form 13b

ASSIGNMENTS/HOMEWORK	SELF-EVALUATION

LESSON PLAN CHECKLIST

Yes / No	Attendance chart and ASHA hours completed
Yes / No	All appropriate sections completed (ABC & E for the 1st time and the remaining 2 for the 2nd time turned in)
Yes / No	The objective in section B is a SESSION objective and matches the procedure in section C
Yes / No	Section B includes criteria which connects to prior session results (using results from one session to plan for another)
Yes / No	Listed the name of the program, technique, material, published book, etc.
Yes / No	Word list/ concept list included in materials section
Yes / No	Skilled information described/therapy strategies included
Yes / No	Multisensory cues included
Yes / No	Exact quotes included
Yes / No	Reinforcement activities described
Yes / No	Planned appropriate number of goal related activities
Yes / No	Section D lists results as they pertain to the objective (section A), such as % to %, or 3 of 10 as relates to 8 of 10. Results reported include objective, analysis, and plan information.
Yes / No	Responded to suggestions from supervisor
Yes / No	Completed self-evaluation about clinician's performance

GUIDELINES FOR TYPING CLINIC REPORTS

- A template as well as video instructions are provided in D2L to help you format the summary report.
- The summary report is to be word processed using the Microsoft WORD software program; using Arial 10 font; tabs should be set at 0.2 under "Format."
- Phonetic symbols must be used. For example, you will copy and paste /θ/ instead of “th” to indicate the target sound. https://ipa.typeit.org/full/
- Since these reports are being submitted and shared electronically, the following guidelines must be followed:
  1. No name or initials on the report. Leave the name at the top blank.
  2. No initials in the entire report-refer to them as "the client" throughout.
  3. No age.
  4. No date of birth.
  5. There should be no gender, parents, address, or phone number.
- Do not add page numbers. Those will be added before you sign.
- A single and double space copy of your summary report will be turned in to a OneDrive folder. Other supporting documents will also be required and explained during clinic class with written directions in D2L. Refer to the course syllabus for the due date.

- The first page of the final, approved document **MUST** be printed on Clinic letterhead by the Clinic Executive Assistant. All subsequent pages will be on plain paper.

- All the headings in the identifying information will be upper- and lower-case letters, bolded, have colons and be aligned according to the Sample Report.

- Partners-you will each do your assigned goals, but this report is still a GROUP GRADE. You will write the introduction, behavioral observations, and recommendations together. We also strongly suggest that you proofread for each other.

- You may request feedback on one summary paragraph from your supervisor. Only one paragraph per report, so partners must agree on the paragraph.

Form 14a
(Template)

Speech-Language Therapy
Summary Report

Name:		**Date:**	
Age:		**Speech/Language Diagnosis:**	
DOB:			
Gender:		**Medical Diagnosis:**	
Parents:		**Therapy Period:**	
Address:		**Sessions Scheduled:**	
		Sessions Attended:	
Phone:		**First Enrolled:**	

Opening Paragraph

DIAGNOSTICS COMPLETED THIS TERM

LONG TERM GOALS	
1.	
2.	
3.	

SEMESTER OBJECTIVES AND PROGRESS	
Language:	
1.	
2.	
3.	
Articulation:	
1.	
2.	
3.	

BEHAVIORAL OBSERVATIONS

RECOMMENDATIONS	
Articulation:	
1.	
2.	
3.	
Language:	
1.	
2.	

3.	

Student's Name
Student Clinician

Supervisor's Name and Credentials
Clinical Supervisor

C:	M/M

Phonetic Key:	

Form 14b
(Example)

Speech-Language Therapy
Spring 2004

Name:	C.C.	**Date:**	05.01.04
Age:		**Speech/Language Diagnosis:**	
DOB:			Language/Articulation
Gender:		**Medical Diagnosis:**	n/a
Parents:		**Therapy Period:**	Spring 2004
Address:		**Sessions Scheduled:**	22
		Sessions Attended:	21
Phone:		**First Enrolled:**	Spring 2003

The client continued speech-language therapy at Middle Tennessee State University Speech-Language-Hearing Clinic. An audiological evaluation on 4.14.04 revealed a mild conductive hearing loss with possible middle ear fluid. The client was then evaluated by Dr. Paul Goco of the Middle Tennessee Ear, Nose and Throat Clinic. Dr. Ruby Folks, MTSU Audiologist, will conduct an audiological reevaluation 8.2.2004. The client also has an appointment scheduled with Dr. Goco on 8.12.04. The client is in the first grade at Cooker Elementary. She receives speech-language therapy at school two days a week for 30 minutes with Lisa Hale, M.S., CCC-SLP.

DIAGNOSTICS COMPLETED THIS TERM

05.30.23 Test of Language Development-Primary Fourth Edition (TOLD-P4)

The Test of Language Development-Primary is a norm referenced test that assesses spoken language in young children. It has six core subtests which measure various aspects of oral language that are described below. An average subtest scaled score is 10 with a standard deviation of 3. The range of typical is between 8 and 12. The subtests are then combined to generate composite scores in six areas of language (see below). The composite scores are standardized scores where the mean is 100 and scores between 85 to 115 are considered in the normal range.

Core Subtests:

The Picture Vocabulary subtest measures a child's understanding of the meaning of spoken English words by having the child point to a corresponding picture in a set of four when given a word. This subtest is included in the semantics and listening composite scores.

The Relational Vocabulary subtest measures a child's understanding and ability to orally express the relationships between two spoken stimulus words. For example, how are red and orange alike. This subtest is included in the semantics and organizing composite scores.

The Oral Vocabulary subtest measures a child's ability to give oral definitions to common English words that are spoken by the examiner. This subtest is included in the semantics and speaking composite scores.

The Syntactic Understanding subtest measures a child's ability to comprehend the meaning of sentences by pointing to a corresponding picture in a set of four pictures when given a sentence. This subtest is included in the grammar and listening composite scores.

The Sentence Imitation subtest measures a child's ability to imitate English sentences that increase in length and complexity. This subtest is included in the grammar and organizing composite scores.

The Morphological Completion subtest measures a child's ability to recognize, understand, and use common English morphological forms by completing a sentence. For example, Tom is a boy and John is a boy. They are both (***boys***). This subtest is included in the grammar and speaking composite scores.

Core Subtest	Scaled Score	Percentile	Score Description
Picture Vocabulary (PV)	13	84	Above Average
Relational Vocabulary (RV)	8	25	Average
Oral Vocabulary (OV)	9	37	Average
Syntactic Understanding (SU)	10	50	Average
Sentence Imitation (SI)	10	50	Average
Morphological Completion (MC)	10	50	Average

Composite Performance	Index Score	Percentile	Score Description
Listening (PV + SU)	108	70	Average
Organizing (RV + SI)	94	35	Average
Speaking (OV + MC)	97	42	Average
Grammar (SU + SI + MC)	100	50	Average
Semantics (PV + RV + OV)	100	50	Average
Spoken Language (all subtests)	100	50	Average

The client demonstrates average language abilities in all areas when compared to other children their age.

LONG TERM GOALS

1. The client will improve receptive language to an age-appropriate level.
2. The client will improve expressive language to an age-appropriate level
3. The client will increase articulation to an age-appropriate level.

SEMESTER OBJECTIVES AND PROGRESS

Receptive Language:

The client will follow oral directions that use grade-level positional/directional concepts (i.e., *over, under, forward, backward, between, right, left, in front, behind, to side*) in 80% of her attempts.
Status: Achieved, 90%
A new concept was taught each day. The client and the clinician acted out the positional/directional concepts using various toys from the *Concept Understanding Program: Boehm Test of Basic Concepts*. The visual pictures from this program facilitated the client's learning.

Expressive Language:

1. The client will compare and explain how objects are the *same* and how they are *different* in 90% of her attempts.
   Status: Achieved, 90%
   The clinician used various objects and worksheets from *Summer Bridge Activities K-1* and *Steps Toward Basic Concepts Development* program. The client performed well determining which objects/pictures were the *same*/*different*, but she required more cues when asked to explain why they were *same/different*.

2. The client will answer 8 of 10 questions expressing past tense *–ed* with a clinician model,90%accuracy.
   Status: Achieved, 90%
   The clinician used *Visually Cued Language Cards* and play activities to target this goal. The clinician presented the card to the client and stated, “The boy is painting a picture. What did the boy do? The boy paint*ed* a picture.” The clinician modeled the correct use of past tense *–ed* and the client repeated. The clinician also used a visual cue of touching her lip when the *–ed* sound was said. After several modeling/visual cue turns by the clinician, the client performed on her own. This goal should continue to be targeted without a clinician model.

Articulation:	
1.	The client will discriminate auditorily (by pointing to the picture) /r/ in 10 minimal contrast word pairs with 90% accuracy. Status: Achieved, 90% Many games using minimal pair picture/word flashcards taught to discriminate between /w/ and /r/.

2.	The client will produce initial /r/ with vowels in CV syllables after a clinician model with 75% accuracy. Status: Not achieved, 50% It is recommended that the client continue to work on the CV combinations with the remaining vowels /oʊ/, /i/, and /u/ after a clinician model, after which she will progress to words.

BEHAVIORAL OBSERVATIONS
As long as the activities were the type the client enjoyed, she was cooperative. She enjoyed language more than articulation activities. When her attention was focused on specific speech work related to letters and the speech sound /r/, she often refused to participate. It was necessary to use a token system and to set limits firmly. It was noted that the client understood requested tasks better when the clinician paired auditory with visual cues. A schedule of activities was beneficial as well as verbal and tangible reinforcements for completing lessons. Crafts and action-oriented activities were rewarding. The client especially enjoyed ring toss, *Hi-Ho-Cherry-O*, and hopscotch.

RECOMMENDATIONS	
The client needs to continue speech-language services in fall 2004. Language therapy needs to be interfaced with Grade 1 school curriculum, with teacher/ classroom consultation in fall 2004. Preferential seating in the classroom is suggested. A complete audiological reevaluation is scheduled with Dr. Ruby Folks at MTSU in August 2004. It was a pleasure working with the client and her mother this summer. The following goals are suggested:	
Articulation:	
1.	The client will produce initial /r/ with vowels in CV syllables with 80% accuracy.
2.	The client will produce initial /r/ in ten target words after a clinician model with 70% accuracy.
Language:	
Language goals should be based on reevaluation oft's language skills in Fall 2004.	

Alice Lock
Student Clinician

Lori Seals, M.S., CCC-SLP
Clinical Supervisor

C:	M/M

Phonetic Key:	/ʌ/ as in *<u>a</u>bout*, /ɜ/ as in *reb<u>a</u>te*, /o/ as in *<u>o</u>kay*, /oʊ/ as in *buy*, /i/ as in *key* and /u/ as in *m<u>oo</u>n*.

Evaluation of Clinic Reports
MTSU Speech-Language Pathology and Audiology

Student Clinician:_____

Client Background (Maximum 10 points)
___Accurate personal data (name, address, phone number,etc.) (5 points) **(.5 point/occurrence)**
___Background information accurately summarized (5 points) **(1 point/occurrence)**

Diagnostic/therapy results (Maximum 35 points)
___Accurate and complete information for all tests administered; test results appropriately interpreted (10 points) **(2 points-date & test name; 5 points-standard scores, percentiles, articulation errors; 3 points-interpretive statement) Student receives 10 points if no diagnostics were completed this term.**
___Semester goals and corresponding objectives correctly stated (5 points) **(1 point/occurrence)**
___Progress for each objective described well; therapy techniques/materials described and documented effectively (15 points) **(5 points-therapy techniques; 5 points-materials; 5 points-described well) (1 point/occurrence)**
___Behavioral observations thoroughly described (5 points) **(1 point/occurrence for missing information)**

Recommendations (Maximum 10 points)
___Recommendations summarized appropriately and clearly (10 points) **(5 points-appropriate goals for the client with a performance, condition, and criteria-1 point/occurrence; 5 points-clearly written-.5 points/occurrence**

Written Language (Maximum 45 points)
___Correct grammar (5 points) **(.5 point/occurrence)**
___Correct spelling (5 points) **(.5 point/occurrence)**
___Correct punctuation & capitalization (5 points) **(.5 point/occurrence)**
___Instructions for format and spacing closely followed (10 points) **(1 point/occurrence)**
___Typed with double and single spacing* (5 points) **(1 point-grade sheet; 2 points-double spaced; 2 points-single spaced**
___Turned in on time (5 points) **(2 points deduction/day)**
___Evidence of proof reading (10 points) (5 points for a completed report edited by a peer) **(1 point/occurrence-if error not deducted from another section)**

___Total Points

Clinic Practicum Course_____

Clinic Supervisor_____

Date_____

Points Removed Due to Corrections Not Being Made (1 point/occurrence) ____

Final Therapy Report Grade ____

11/08

Speech-Language-Hearing Clinic
119 Alumni Memorial Gym
MTSU P.O. Box 364
1301 East Main Street
Murfreesboro, Tennessee 37132
Office: (615) 898-2661 · Fax: (615) 898-2815

MIDDLE TENNESSEE STATE UNIVERSITY

HEARING SCREENING

Child's Name: _____

Pure Tone Results:

Right Ear: 1000 Hz _____ 2000 Hz _____ 4000 Hz _____

Left Ear: 1000 Hz _____ 2000 Hz _____ 4000 Hz _____

Tympanometry Results:

Right Ear: Type A _____ Type B _____ Type C _____ Other _____

Left Ear: Type A _____ Type B _____ Type C _____ Other _____

Dear Parents or Guardians:

Your child has recently completed a hearing screening provided as a public service by the faculty and students at Middle Tennessee State University. As part of the screening we performed two important tests:

1. Pure tone hearing screening, in which we evaluated the ability of your child to hear a variety of pitches at soft intensity levels.
2. Tympanometry, in which we looked for possible middle ear fluid or disease.

The results for your child are checked below:

_____ Your child passed both tests. There is no need at this time for further evaluation

_____ Your child was able to hear a variety of pitches at soft intensity levels, but there may be possible middle ear fluid or disease. It is recommended that you see your doctor for further evaluation.

_____ We saw no indication of middle ear disease, but we did see that your child was not able to hear all the pitches at a soft intensity level. It is recommended that you see your doctor or audiologist (a professional who tests hearing) for further evaluation.

_____ Your child did not pass the tests. It is recommended that you see your doctor or audiologist (a professional who tests hearing) for further evaluation.

_____ Other:

Please understand that the results of this screening do NOT mean that your child has a hearing loss, but rather that your child's hearing needs further evaluation. If you have questions about the hearing screening, please call the MTSU Speech-Language-Hearing Clinic at 615.898.2661.

Form 15a

Speech-Language-Hearing Clinic
119 Alumni Memorial Gym
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Murfreesboro, Tennessee 37132
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MIDDLE TENNESSEE STATE UNIVERSITY

Adult Hearing Evaluation

Enter: 4 for a "yes" answer; 2 for a "sometimes" answer; 0 for a "no" answer.

1. Does a hearing problem cause you to feel embarrassed when you meet new people? _____
2. Does a hearing problem cause you to feel frustrated when talking to members of your family? _____
3. Do you have difficulty hearing when someone speaks in a whisper? _____
4. Do you feel handicapped by a hearing problem? _____
5. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors? _____
6. Does a hearing problem cause you to attend religious services less often than you would like? _____
7. Does a hearing problem cause you to have arguments with family members? _____
8. Does a hearing problem cause you difficulty when listening to TV or radio? _____
9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life? _____
10. Does a hearing problem cause you difficulty when in a restaurant with relatives or friends? _____

TOTAL _____

HHIE-S scores may be interpreted as shown below. (Hearing impairment is defined as: (a) inability to hear a 40dV HL tone at 100 Hz or 200Hz in *each* ear; or (b) inability to hear both frequencies in one ear.)

HHIE-S Score	Probability of Hearing Impairment (%)
0-8	13
10-24	50
26-40	84

Hearing Screening Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass/Fail
Left				
Right				

Tympanometry Results

Ear	Type	Pass/Fail
Left		
Right		

Comments: _____

FORMS 16 – 17
CLINIC PRACTICUM CLOCK HOURS

MTSU CLINICAL PRACTICUM EXPERIENCE RECORD

NAME:		SEMESTER:			YEAR:
CLINIC DATES	CLINIC CASE TYPES (articulation,fluency,voice,language-specify receptive/expressive,hearing,swallowing,cognitiv, social,modalities-specify*)	CLIENT(S) INITIALS/ AGE	CLINIC HOURS		SUPERVISOR SIGNATURE & ASHA NUMBER
			ASHA	ASST	
DIAGNOSTIC EVALUATION(S)					
	TOTAL				
THERAPY / TREATMENT(S)					
	TOTAL				
	SEMESTER TOTAL				

(Use other side when needed)

*Modalities-oral, manual, augmentative, alternative communication techniques, and assistive technologies

MIDDLE TENNESSEE STATE UNIVERSITY CLINICAL PRACTICUM RECORD - PAGE 1 Oct-06

Student Name: _____ **Dates began and completed Clinic:** _____

Disorders/ Differences	Semester _____		Semester _____		Semester _____		Semester _____		Semester _____		Totals	Supervisor & ASHA Number
	DX	TX	DX	TX	DX	TX	DX	TX	DX	TX		
Articulation												
Child											0	
Adult											0	
Fluency												
Child											0	
Adult											0	
Voice and resonance, including respiration and phonation												
Child											0	
Adult											0	
Receptive and expressive language in speaking, listening, reading, writing, and manual modalities												
Child											0	
Adult											0	
Hearing, including the impact on speech												
Child											0	
Adult											0	
Swallowing (oral pharyngeal, esophageal, and related functions, including feeding; orofacial myofunction)												
Child											0	
Adult											0	
Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)												
Child											0	
Adult											0	
Social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities)												
Child											0	
Adult											0	
Modalities (including oral, manual, augmentative, alternative communication techniques, and assistive technologies)												
Child											0	
Adult											0	
Observation Hours												
Child											0	
Adult											0	
Totals	0	0	0	0	0	0	0	0	0	0	0	

MIDDLE TENNESSEE STATE UNIVERSITY CLINICAL PRACTICUM RECORD - PAGE 2 Oct-06

Student Name: _____

Provide the following information for each facility or program where undergraduate practicum was supervised:
1) Name of each Facility or Program where practicum was completed
2) Address of the Facility or Program
3) Date of the Practicum
4) Supervisor with appropriate Certificate of Clinical Competence

Facility 1	Facility 2	Facility 3

Facility 4	Facility 5	Facility 6

Provide the printed name, signature, and credentials of the speech-language pathologist or audiologist verifying the student's total practicum hours:

Name: _____ **Position:** _____

Contact Information Address and Phone Number: _____

ASHA Certification Area and Number: _____

Signature: _____ **Date:** _____

FORMS 18 – 21
CLINICIAN/SUPERVISOR EVALUATIONS

MTSU SPEECH-LANGUAGE-HEARING CLINIC PRACTICUM INDIVIDUAL SESSION EVALUATION

Clinician _____ Client _____

Supervisor _____ Date _____

GOOD = 5 ADEQUATE = 4 DEVELOPING = 3 INADEQUATE = 2 POOR=1

COMPETENCIES	**SCORE**
1. Prepares clinical setting to meet individual client needs.	
2. Gives clear instructions.	
3. Perceives verbal/nonverbal cues which indicate client does not understand or is unable to perform a task.	
4. Modifies level of language according to needs of client.	
5. Conducts session in organized manner.	
6. Uses originality in planning session.	
7. Uses techniques appropriate to problem and age.	
8. Provides stimuli at appropriate rate.	
9. Provides positive closure to session.	
10. Assesses client's progress by using recording procedures.	
11. Models target behavior	
12. Encourages client to self-evaluate.	
13. Provides appropriate type of stimuli (e.g. verbal, visual, complexity)	
14. Provides appropriate type of reinforcement (e.g. social, gestural, token).	
15. Matches tasks to time allotted.	
16. Monitors performance on home assignments.	
17. Displays flexibility in therapy procedures in order to gain appropriate responses.	
18. Sequences specific tasks appropriately.	
19. Establishes and maintains behavior control.	
20. Keeps client on task.	
21. Personal habits (speech, language, dress) are appropriate for the clinical setting.	
22. Is punctual for appointment.	
23. Relates comfortably with client.	
24. Maintains tests in client's file.	
25. Keeps personal problems from interfering.	
26. Maintains confident image.	
27. Attends to client's total behavior, emphasizing interaction instead of therapy procedures.	

COMMENTS:

MIDDLE TENNESSEE STATE UNIVERSITY
Speech-Language-Hearing Clinic
Clinic Practicum Student Evaluation

CLINICIAN: _____ SUPERVISOR: _____
SEMESTER: _____ CLINICIAN LEVEL: 4550 – 4560 – 4570 - 4580
TOTAL HOURS: _____ SEMESTER GRADE: _____

(All competencies may not be applicable for each clinic case. Your evaluation will reflect the percentage of possible points for your particular therapy.)

CLINICIAN COMPETENCIES

A. Develops Practices That Support Professional Excellence		**Midterm**	**Final**
1	Creates an atmosphere based on honesty and trust.		
2	Appears confident. Sufficiently free from concerns about own performance to focus effectively on the needs of the client.		
3	Uses professionally appropriate communication skills.		
4	Conveys appropriate grooming and dress for a clinical setting.		
5	Responds to suggestions from supervisor and implements changes.		
6	Provides counseling regarding the treatment session and progress.		
7	Respects confidentiality of all professional activities.		
8	Appears to recognize own professional limitations and stays within the boundaries of training.		
9	Prepares for supervisory meetings.		
10	Actively participates in supervisory meetings by asking questions and generating ideas.		
11	Receptive to constructive feedback; is not defensive.		
12	Requests assistance from supervisor and/or other professionals when		
13	Reliably keeps scheduled appointments and meets deadlines.		
14	Collaborates with supervisor and co-clinicians.		
15	Takes into account cultural diversity in treatment and adapts when necessary.		
16	Knows the policies, procedures, and business practices of the Clinic and functions in a manner consistent with them.		
	Total Score	0.000	0.000
	Avg Score	#DIV/0!	#DIV/0!

B. Demonstrates Careful Thought and Planning		**Midterm**	**Final**
1	Interprets, integrates, and synthesizes all information grained and makes appropriate semester and session objectives.		
	Develops theoretically sound lesson plans describing objectives, procedures and target responses including:		

2	skilled information		
3	treatment techniques		
4	multisensory cues		
5	reinforcement		
6	Uses results from one session to adequately plan for the next.		
7	Incorporates cultural diversity and differences into planning.		
8	Selects appropriate stimulus materials for age and ability level of client.		
9	Includes appropriate homework assignments when appropriate.		
	Total Score	0.000	0.000
	Avg Score	#DIV/0!	#DIV/0!

C. Conducts Effective Therapy Sessions

		Midterm	Final
1	Gives clear, concise instructions in presenting materials and/or techniques in therapy and assessment.		
2	Modifies own communication according to the needs of the client.		
3	Adapts or modifies procedures in response to client feedback (increase or decrease the complexity of the task).		
4	Semester objectives are evident in use of materials.		
5	Records and tracks client's progress accurately.		
6	Uses appropriate treatment techniques and multisensory cueing.		
7	Uses time efficiently in the session to meet objectives.		
8	Uses effective reinforcement and motivational techniques.		
9	Smoothly transitions from activity-to-activity.		
10	Perceives verbal and nonverbal cues, which indicate the client is not understanding or is unable to perform a task.		
11	Easily responds to unexpected events with appropriate comments, strategies, or actions.		
12	Able to generate ideas of what might have improved unplanned situations.		
	Total Score	0.000	0.000
	Avg Score	#DIV/0!	#DIV/0!

D. Manages Behavioral Issues Effectively

		Midterm	Final
1	Clearly conveys behavioral expectations and limits.		
2	Sets and enforces limits in a positive and non-rejecting manner.		
3	Deals effectively with resistance.		
4	Consistently uses reinforcement that is meaningful to the client to manage behavior.		
	Total Score	0.000	0.000
	Avg Score	#DIV/0!	#DIV/0!

E. Demonstrates Clinical Writing Skills

		Midterm	Final
	Writes with technical accuracy. The following are rated:		
1	grammar		
2	vocabulary		
3	style		
4	punctuation/capitalization		
5	Presents information following required formats.		
6	Presents content in a logically-sequenced, organized manner.		
7	Lesson plans reflect an integrate understanding of the client's performance.		
8	Lesson plans reflect supervisor feedback.		
9	Lesson plans are written with sufficient detail.		
10	Writes results pertaining to the session objective and includes objective, analysis, and plan information.		
	Total Score	0.000	0.000
	Avg Score	#DIV/0!	#DIV/0!

	Midterm	FINAL
TOTAL POINTS	0	0

MIDTERM Number of Items Rated = _____ x 5 = Possible Score

_____ = _____ _____

Total Score / Possible Score = Percent Score Grade

FINAL Number of Items Rated = _____ x 5 = Possible Score

_____ = _____ _____

Total Score / Possible Score = Percent Score Grade

100 99 98 97 96 95 94 93 92	91 90 89	88 87 86 85	84 84 84	81 80 79 78	77 76 75 74	73 72 71 70	69 68 67	66 65 64 63	62 61 60
A	B+	B	B-	C+	C	C-	D+	D	D-

Grading Scale

5 = Skills present with little or no input from supervisor. Independently problem-solves, shows initiative and performs competently.

4 = Skills present with a limited amount of guidance from supervisor. Needs general direction with limited repetition or clarification.

3 = Skills emerging, but supervisor must provide moderate amount of guidance.

2 = Skills inconsistent. Needs step-by-step review of client's needs and/or demonstration by supervisor.

1 = Skills not seen. Does not alter unsatisfactory performance and inability to make changes. Supervision must be at a maximum level.

Clinical Supervisor	Date
Student Clinician **(Sign only after final grade is given)**	Date

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119 Alumni Memorial Gym
MTSU P.O. Box 364
1301 East Main Street
Murfreesboro, Tennessee 37132
Office: (615) 898-2661 · Fax: (615) 898-2815

MIDDLE TENNESSEE STATE UNIVERSITY

OFF-CAMPUS CLINICIAN EVALUATION
PROFESSIONAL PERFORMANCE

To the Clinical Supervisor:
Please rate the student clinician's performance by assigning the appropriate number rating next to each skill. Thank you.

GOOD = 5 ADEQUATE = 4 DEVELOPING = 3 INADEQUATE = 2 POOR=1

CLINICIAN:_____ SUPERVISOR:_____

SEMESTER:_____ CLINICIAN LEVEL: 4550-4560-4570-4580

TOTAL HOURS:_____ SEMESTER GRADE:_____

CLINICIAN COMPETENCIES
(All competencies may not be applicable for each clinic case. Your evaluation will reflect the percentage of possible points for your particular therapy.)

Develops Practices That Support Professional Excellence		**MIDTERM**	**FINAL**
1.	Listens, asks questions, participates with supervisor, and accepts suggestions in a professional manner.		
2.	Personal habits (speech, language, grooming and dress) are appropriate for the clinical setting.		
3.	Maintains professional relationships with clients/family/others (respects confidentiality, varied social backgrounds, etc.).		
4.	Is punctual for client and supervisor appointments, cancels when necessary.		
5.	Attends scheduled clinic/staff meetings.		
6.	Seeks continuous upgrading of skills.		
7.	Assumes authority appropriately and appears to recognize own limitations (stays within boundaries of training).		
8.	Relates comfortably with client.		
9.	Keeps personal problems from interfering with therapy.		
10.	Demonstrates initiative.		
11.	Reports testing information accurately.		
12.	Reports observations appropriately.		
13.	Provides self-evaluation and generates ideas for improving skills in future sessions.		
14.	Knows the policies, procedures, and business practices of the Clinic site and functions in a manner consistent with them.		
15.	Accepts, emphasizes, shows genuine concern for the client as a person and understands the client's problems, needs, and stresses.		

16.	Creates an atmosphere based on honesty and trust; enables client and family members to express feelings and concerns.		
17.	Maintains confident image in clinical setting.		
18.	Attends to client's total behavior, emphasizing interaction instead of therapy procedures.		
19.	Communicates with other disciplines on a professional level when appropriate (physicians, school clinicians, other agencies, etc.)		
20.	Demonstrates independence.		

	MIDTERM	**FINAL**
TOTAL		

MIDTERM
Number of Items Rated = _____ x 5 = POSSIBLE SCORE

_____ / _____ = _____ _____
Total Score Possible Score Percent Score Grade

FINAL
Number of Items Rated = _____ x 5 = POSSIBLE SCORE

_____ / _____= _____ _____
Total Score Possible Score Percent Score Grade

A = 92-100
B+= 89-91
B = 85-88
B- = 82-84
C+= 78-81
C = 74-77
C- = 70-73
D+= 67-69
D = 63-66
D- = 60-62

Grading Scale
5= Independently problem-solves, shows initiative and performs competently
4= Needs general direction with limited repetition or clarification
3= Needs specific direction but no demonstration
2= Needs step-by-step review of client's needs and/or demonstration by supervisor
1= Specific direction from supervisor does not alter unsatisfactory performance and inability to make changes

_____ _____
Student Clinician Clinical Supervisor

_____ _____
Date Position

_____
Agency Site

_____
ASHA Registration Number

Form 21

MIDDLE TENNESSEE STATE UNIVERSITY
STUDENT EVALUATION OF CLINICAL SUPERVISORS

Instructions: The clinical supervisor evaluations will be conducted by a faculty member who is not supervising in the clinic this semester. The evaluations will be completed by the student clinicians anonymously during the clinic class time. When the evaluations are finished, they will be placed in an envelope and will be given to the appropriate supervisor after the semester grades are assigned.

Use this evaluation so that we might improve our clinical supervision. We appreciate your feedback. Please make additional comments at the bottom of this form. Thank you.

SUPERVISOR'S NAME: _____ SEMESTER/YEAR: _____

Rating Scale:
0 – not applicable
1 – not at all
2 – less than adequate
3 – adequate
4 – better than adequate
5 – very satisfied

	Circle One
1. Did your supervisor establish and maintain an effective working relationship with you?	0 1 2 3 4 5
2. Did discussion of your case help you prepare for beginning therapy?	0 1 2 3 4 5
3. Did your supervisor assist you in developing goals and objectives?	0 1 2 3 4 5
4. Did your supervisor appear knowledgeable about client's needs?	0 1 2 3 4 5
5. If you requested, were you directed to additional resources?	0 1 2 3 4 5
6. Was your supervisor available for assistance?	0 1 2 3 4 5
7. Was your supervisor's demonstration or involvement in the clinic helpful?	0 1 2 3 4 5
8. Was feedback regarding reports and lesson plans adequate and constructive?	0 1 2 3 4 5
9. Did your supervisor assist you in developing skills in writing and editing reports?	0 1 2 3 4 5
10. Did your supervisor assist you in developing and refining clinical skills? (reinforcement, behavior management, task analysis, sequencing)	0 1 2 3 4 5
11. Did your supervisor assist you in evaluating your clinical performance?	0 1 2 3 4 5
12. Were meetings with your clinical supervisor held regularly and on time?	0 1 2 3 4 5
13. Was your time in supervisory meetings productive?	0 1 2 3 4 5
14. Did your supervisor model professional conduct?	0 1 2 3 4 5

Comments:_____
_____
_____

FORMS 22-22a
DIAGNOSTICS REPORT

Speech-Language-Hearing Clinic
119 Alumni Memorial Gym
MTSU P.O. Box 364
1301 East Main Street
Murfreesboro, Tennessee 37132
Office: (615) 898-2661 · Fax: (615) 898-2815

DIAGNOSTIC REPORT COMPONENTS
SPEECH-LANGUAGE EVALUATION

NAME:
GENDER:
BIRTH DATE: (use periods to separate)
AGE AT EVALUATION: (years, months)
DATE OF EVALUATION:(also periods)
EVALUATED BY:

PARENTS:
ADDRESS:

PHONE: (also periods)
REFERRED BY:

STATEMENT OF PROBLEM (Use the margin, spacing, underlining shown)
In the first sentence, give the client's name, for what he/she was referred, and the referral source: Jason was referred to the MTSU Clinic by Harris Trebor, M.D., of Murfreesboro.
State complaint or reason for referral in that information is available: *On the pre-evaluation case history form, his mother indicated that Jason's speech was hard to understand and that he uses incomplete sentences.*

CASE HISTORY
In the second paragraph, give pertinent history information. This includes any facts from other reports (medical, psychological, educational, audiological) and all important information from the parents, caregivers, or (adult) client during the interview. Also, information from the pre-evaluation form, which was clarified in the interview, should be included. This information may include facts about birth, developmental, and medical history, as well as placement in other programs. DO NOT INCLUDE HISTORY INFORMATION IN THE EXAMINATION RESULTS OF THE REPORT. In most cases, the source of information should be clearly stated: *Mrs. Smith was tense and ill at ease…Mrs. Wells casually responded to the interview questions…*
Try to include only factual information, that which can be verified from the case history and interview. And include only PERTINENT information. The trend in report writing is to be as relevant buy as brief as possible.

EVALUATION RESULTS
State the tests administered and the results. Write in terms that other professionals and parents can understand. When using phonetic symbols to report articulation test results, provide word examples and a phonetic symbol key. Tell what each test measured and explain what the score means. If a test has several subtests, use a listing format when possible, showing the raw score and the standardized score. Refrain from using age equivalent scores when tests have other scores because age equivalent scores are subject to misinterpretation. Interpret the standard scores from the normative sample distribution. In a language sample, do not just report the MLU. What level is the child's MLU in comparison to other children's the same age?

Group the findings according to language testing, articulation/phonological testing, examination of speech structures, hearing/auditory perception testing.

OBSERVATIONS:
State any other significant factors which are important for testing, such as behavior, cooperation, and attention span.

Page 2 – Client's name

SUMMARY
Clearly state the client's name, age, and the basic speech-language problem: *Based on this evaluation, Carla demonstrates a delay in both language comprehension and language production.*
Do not state other types of diagnosis. Do not diagnose brain damage, mental retardation, emotional disturbance. Our job is to determine the existence and extent of a speech-language problem. In this section, do not give any new information that you have not previously cited.

RECOMMENDATIONS
State the recommendations, if appropriate, for speech-language therapy or other programs. If possible, formulate BEGINNING therapy goals based on this evaluation. Consider information such as the following:

Recommendations for speech-language therapy. Is it recommended or not?
Recommendations for parent training.
Recommendations for referrals to other programs, other specialists?
Recommendations for speech-language or hearing reevaluation and follow-up.
Recommendations for school district services and/or MTSU clinical services.
Initial goals of therapy. If you were to work with this client, where would you begin?

Type your name
Clinician

Type your supervisor's name and degree
Speech-Language Pathologist
Clinical Supervisor

C: List the name of the appropriate person(s) to whom copies will be mailed. *

HAVE YOU TRIPLE-CHECKED THE TEST RESULTS ON THE TEST FORMS AND IN THE REPORT?
HAVE YOU READ THE REPORT ALOUD?
HAVE YOU CORRECTED ALL THE WRITING WHICH COULD BE CONFUSING TO THE READER?
HAVE YOU CORRECTED ALL GRAMMATICAL AND SPELLING ERRORS?
HAVE YOU RE-READ THE REPORT AFTER PRINTING?
IN SO, SIGN THE REPORT AND SEND IT OUT. *BE SURE THE CLIENT'S FILE HAS WRITTEN CONSENT TO RELEASE INFORMATION. Send a copy to the (adult) client or client's parents, referral source, or other professionals involved with the client.

Speech-Language-Hearing Clinic
119 Alumni Memorial Gym
MTSU P.O. Box 364
1301 East Main Street
Murfreesboro, Tennessee 37132
Office: (615) 898-2661 · Fax: (615) 898-2815

Form 22a
(Example)

MIDDLE TENNESSEE STATE UNIVERSITY

DIAGNOSTIC REPORT EXAMPLE
Speech-Language Diagnostic Report

NAME:	Jason Wells	**PARENT:**	Beth & Carl Wells
GENDER:	Male	**ADDRESS:**	909 Calgon Street
BIRTH DATE:	4.18.96		Melbourne, TN 35011
AGE AT EVAL:	4 years 11 months	**PHONE:**	615.422.5539
DATE OF EVAL:	3.28.01	**REFERRED BY:**	Harris Trebor, M.D.
EVALUATED BY:	Carolyn Coker, CCC-SLP		Murfreesboro, TN

STATEMENT OF THE PROBLEM
At the parents' request, Jason was referred to the MTSU Clinic by Harris Trebor, M.D., of Murfreesboro. On the pre-evaluation case history form, his mother indicated that Jason's speech was hard to understand and that he uses incomplete sentences. She wrote that she was concerned that he was behind other children his age.

CASE HISTORY
Jason, weighing 8 pounds 3 ounces at birth, was delivered by caesarean section. The pregnancy, birth, and motor development were unremarkable, except walking was slightly delayed, at 17 months. During his second year of life, Jason's only meaningful word was "mama." He began using multi-word phrases at 30 months. An audiological evaluation by Rachel Ferguson at MTSU on July 14, 2000, yielded normal results in pure tone and speech audiometry, while tympanometry showed slight negative pressure. The hearing results were reported to Jason's pediatrician, Dr. Trebor. Mrs. Wells reported that Jason has had two ear infections, at age 18 and 30 months.

Jason has one sister, Katelyn, age 2.

Jason attends Wee-Care Preschool at the Bethany United Church in Melbourne. His teacher is Ms. Kala Weaver.

EVALUATION RESULTS
The **Receptive One-Word Picture Vocabulary Test** was administered. Jason's raw score of 37 converted to a percentile rank of 34 and a stanine of 4. Using a standard error of measurement to allow for test variability, Jason's score for comprehending vocabulary words is in the average level of functioning.

The **Expressive One-Word Picture Vocabulary Test – Revised** revealed a percentile rank of 21 and a stanine of 3. Jason's ability to name pictures, while not significantly delayed, is within the low average range for his age.

Jason's spontaneous use of language was analyzed through language sampling. Jason's sample showed a Mean Length of Utterance (MLU) of 4.6 based on morpheme count. This MLU is typical of **Brown's Post-Stage V** (41-54 month level). The following grammatical morphemes were used with consistency: *-ing, plural, in, on, possessive 's* (Stage II-III grammar) and articles *a/the* (Stage IV grammar). Third person singular and irregular past verbs (Stage V) were used but inconsistently. Use of copula and auxiliary verbs seldom occurred. Jason used coordinate conjunctions and infinities. The language sample analysis indicated that Jason is behind in the use of several grammatical morphemes

and that he uses fewer word/morpheme units in his language expression than expected for his age. However, had he been more attentive, more complex utterances may have been formed.

Examination of the structure and function of Jason's speech mechanism revealed normality in all areas.

On the **Weiss Comprehensive Articulation Test**, Jason received an articulation score of 81.76, which indicates a slight delay in developing speech sounds. The following speech sound errors were noted:

Substitution Errors (the substitution error precedes the slash):

Word initial position	b/v, f/′, d/;, w/r, y/z
Word medial position	b/v, f/′, w/l, y/r
Word final position	b/v, f/′
Consonant blends	w/r, w/l

Omission Errors

Consonant blends initial	s (as in *spoon, star, snake*)

(Phonetic symbols key: ′ = voiceless th as in "thumb", ; = voiced th as in "those", y = y as in "you")

Jason's connected speech was understandable. Most of the sounds missed emerge at the kindergarten level. This may especially be true for Jason, who started talking late. Jason could imitate /s/ in s-consonant blends. He could also imitate initial /v/ and /z/. Other sounds were difficult to imitate at the word level.

OBSERVATIONS:
Jason's attention span was limited during the evaluation, which was in the afternoon, and this may have affected his performance. He continually asked the clinician if he was finished, asking, "*Only one more picture?"* and *"Almost done?"* after only twenty minutes of testing. Otherwise, Jason was cooperative and could be re-focused on the tasks. Puzzle pieces were used to encourage him to continue.

SUMMARY
Based on this evaluation, Jason, age 4 years 11 months, is not significantly delayed in receptive and expressive vocabulary but is slightly behind his age group in language production and speech sound development.

RECOMMENDATIONS
It is suggested that Jason be enrolled in speech-language services in a clinic or public school program. At this time it is recommended that the focus be on (1) articulation therapy, primarily to practice initial /s/ in consonant blends and initial /z/, (2) language production (inconsistent morphemes and increasing utterance length), (3) listening tasks, (4) phonological awareness of rhyming word pairs beginning with /b/ - /v/, /w/ - /r/, /f/ - /′/, and /d/ - /;/. Also, to enhance Jason's vocabulary and sentence development, teaching parents how to use the facilitation techniques of expansion and extension when interacting with Jason would support the treatment program. Jason's hearing should be re-checked after he is enrolled in a program. Pre-kindergarten or kindergarten language experiences will benefit Jason.

Mariam Phoenix
Clinician

Carolyn Coker, MS, CCC
Speech-Language Pathologist
Clinical Supervisor

C: M/M Carl Wells
Harris Trebor, MD